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THESIS

NAVY CHILD CARE, 1980

by

Bonnie M. Scott

December 1982

Thesis Advisor: R. S. Elster

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This thesis research was conducted to determine the need for child care services provided by the Navy, and to examine the child care needs of one group of personnel (active duty women) within the Navy. The overall objective was to determine if Child Care Services, both quantity and quality, are affecting retention and force readiness.

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Navy Child Care, 1980

by

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Lieutenant Commander, United States Navy
B.A., Purdue University, 1968

Submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE IN MANAGEMENT

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ABSTRACT

This thesis research was conducted to determine the need for child care services provided by the Navy, and to examine the child care needs of one group of personnel (active duty women) within the Navy. The overall objective was to determine if Child Care Services, both quantity and quality, are affecting retention and force readiness.

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I. NAVY CHILD CARE

A. INTRODUCTION

The U.S. Navy or associated organizations have been providing child-care services for over forty years. In that time, child-care programs have dramatically changed. The families, the length of time children stay in centers, the needs of the parents, the programs offered, the number of children who use Navy child-care centers, the size of the centers, the size of staffs and the units which are operating centers have all changed. As women have joined the workforce, more and more children have a "40-hour week" in child-care centers. It is estimated that 11,000 dependent children use Navy child-care centers each day. Consequently, many more programs have been added. Short-term or "drop-in" care, as it has usually been called, is no longer the primary program. Full-time programs, summer programs, preschool and enrichment programs, and extended day-care programs now involve large portions of building space and staff.

In the past, enlisted wives clubs, the Navy exchange, commissary, and parent associations, among others have operated the Navy's child-care centers. Now, in 1980, over 70 centers are operated by Morale, Welfare and Recreation or "Special Services." As the "owner" has changed, so have the

parents who use the centers. In addition to the civilian spouse who needs short-term child care, many of the parents who need child care are working couples. Some are single parents, both male and female. Some are active-duty women. Today, officers as well as enlisted members use the Navy's centers. Navy families have changed and their needs have changed. The purpose of Navy child care has also changed.

B. OBJECTIVES

The first objective for the thesis was to determine the need for child-care services provided by the Navy in terms of quantity and programs. The second objective was to examine the child-care needs of one group of personnel (active-duty women) within the Navy. The overall objective was to determine if child-care services, both quantity and quality, were affecting retention and force readiness.

C. STATEMENT OF THE PROBLEM

The Navy has a large, geographically dispersed child-care system. As Navy families have changed, child-care needs have also changed. Unlike civilian workers, Navy members are subject to 24-hour recall, rotating shifts, temporary duty, deployments, frequent transfers and separations. Consequently, Navy members with families have unique child-care needs. As more women are accepted into the Navy and remain on active duty after pregnancy, more child-care

services will be needed in the future. As more wives join the workforce, resulting in dual career couples, more child-care services will be needed. The Bureau of Labor Statistics reports that only forty-five percent of married women listed their primary activity as "keeping house." This is down from fifty-seven percent ten years ago (Bumiller, 1981:p. LI). The trend, therefore, is toward wives who work outside the home. The Navy is beginning to document Navy family demography. As such information becomes available, questions about how best to support those families arise. One family support system is the base child-care center. Does the Navy's present child-care system support the Navy's mission to the maximum extent possible? Is the current child-care system in the Navy adequately supporting Navy's families? In order to answer these questions, the Navy needs information about the centers themselves and the families that use those centers. The Navy also needs information about families that do not use the centers--do those families have needs which are not being met by current services? With such information, the Navy can establish what the purpose of Navy child-care centers should be. The Navy can then begin to answer the question, "Why should the Navy be in the child-care business at all?"

D. DEFINITIONS

There are many phrases associated with child care which require definitions to preclude confusion. The following definitions are used in this study:

Child-care center (or day-care center): The child-care center provides care for part of a day for children as young as four weeks old, to as old as thirteen years of age. The care is a supplement to parental care, not a substitute. The care may be for as little as one hour or as long as twenty-four hours. The care may be custodial or developmental in nature. The terms child-care center and day-care center are used interchangeably. Day-care center care does not necessarily refer to care during the daylight hours.

Custodial care: This refers to "babysitting." The objective is to provide a safe and healthy environment and/or to occupy the child's time while parents are fulfilling other roles or are otherwise unable to be responsible for the child's care. It may apply to children of any age. This term refers to care in which there is no planned curriculum, though custodial care may schedule group activities. The staff members are not considered teachers.

Developmental care: This term refers to programs in which the development of the whole child is considered. Some or all of the staff are trained in either child development, or early childhood education. This term may apply to care for children of any age including infants.

Developmental care is aimed at the intellectual, physical and psychological growth of the child.

Enrichment program: This term describes a developmental program for children who are in full-day programs. Such programs usually are for a specific length of time (1 to 2 1/2 hours) on specific days of the week. The programs are usually for children age 2 1/2 years and supplement the regular day-care learning experience. The staff is not necessarily trained in early childhood education or child development.

Caregiver: Caregivers are variously known as attendants, babysitters, caretakers, or aides, in day-care centers. For the purpose of this thesis, the terms caregiver and teacher are not synonymous. Caregivers are found in full-time and drop-in custodial child-care centers. The purpose of a caregiver is to meet the physical and emotional needs of the child. A caregiver also helps to develop social awareness and helps to build language ability through talking and listening to the child, but may not be trained to do so.

Preschool: This term describes a developmental-care program in which children age 2 1/2 years or above go to a center or school for periods ranging from 2 1/2 to 4 hours. Children usually attend from two to five days per week. Staff members are usually trained in education, child development or early education, but are not necessarily degreed.

The purpose of the preschool is intellectual development through various educational components.

Child-care or day-care: This refers to care of children in centers or by a day-care provider in his or her own home. It may be custodial or developmental in nature.

Family day-care home: Refers to care in the home by someone who usually has or has had children. It may be licensed by the state. It is generally custodial, but it may include an enrichment program. Children may be of any age and may be at a day-care home for a short period (a morning, for example) or all day, five days per week, or before and after school.

Family day-care provider: This refers to the individual who provides care in a family day-care home. Day-care providers may be male or female. Any of these may also be referred to as "day-care mothers" or "fathers".

Extended day-care program: This refers to care for kindergarten or school age children at a center or day-care home before and after school. In a child-care center, there may be transportation service (which may be provided by the school district) to and from the school.

Infant: For the purpose of this study, children under the age of eighteen months are considered to be infants unless otherwise noted.

Toddlers: For the purpose of this study, children from the age of 19 months to 30 months (2 1/2 years) are considered to be toddlers.

Preschooler: For the purpose of this study, children age 2 1/2 years to 5 years are considered to be preschoolers.

Full-time care: This refers to care for children on a regular basis, every day, every week; or an irregular basis, four to five days a week, for at least thirty-five hours per week. Usually care is paid by the week or by the month. The child's parents, or the single parent, usually have full-time jobs.

Drop-in care: Refers to care for children on an intermittent, unscheduled basis for one hour to several hours per week. It is paid for by the hour or day. Usually only one parent has a full-time occupation.

E. THESIS ORGANIZATION

For this thesis, the author conducted two surveys. The first was a survey of Navy active-duty women who had children. The survey was designed to investigate the child-care needs, problems and experiences of Navy active-duty women. The results of this survey are presented in Chapter II.

The second survey was of primary Navy child-care centers which were operated by Morale, Welfare, and Recreation Division of the Department of the Navy. The survey was designed to document the existing operations, services and policies

of these centers. To acquire this information, the author visited thirteen base child-care centers and surveyed five more centers by mail. The results of this survey are presented in Chapters III, IV and V.

Chapter VI is a discussion of some of the major issues related to child-care policy and programs in the Navy. In Chapter VII, conclusions and recommendations regarding child care in the Navy are presented.

II. THE ACTIVE DUTY WOMEN WITH CHILDREN SURVEY: METHODOLOGY AND RESULTS

A. CONDUCT OF THE STUDY

There are many parents who utilize Navy child-care facilities. In order to gain information concerning the users of the child-care centers, Navy active-duty women were selected as the population to be surveyed. This group was selected for the following reasons:

1. The author was precluded by higher authority from surveying sea-duty activities.

2. Active-duty women were more accessible to the author than Navy enlisted spouses.

3. It was expected that Navy women, who tend to be in the lower ranks of the Navy, would have children primarily in the age groups that use Navy child-care centers. Single-parent males were expected to have more non-child care center aged children.

4. The Navy plans to continue to increase the number of women in the Navy, so it was deemed useful to inquire how Navy women presently see and use Navy child-care centers. The increase in the number of women could have enormous implications for the quantity of Navy child-care needed.

5. The author wished to explore the relationship between the retention of Navy women and child care: Is child care a factor in retention?

6. The author similiarly wished to explore the relationship between child care and readiness: Does the quality and quantity of child care and the services offered by the centers affect readiness?

The following personnel were included in the study:

1. Active-duty Navy who had children whether they lived with them or not.

2. Officer and enlisted personnel.

Women who were pregnant and did not have other children were excluded, as were women from other services.

The survey of active-duty Navy women who have children was conducted during June through November 1980. The following locations were sampled:

- Naval Station and Submarine Base, Pearl Harbor, Hawaii
- Mare Island Naval Shipyard, Vallejo, California
- The Naval Academy, Annapolis, Maryland
- Naval Air Stations, Miramar and North Island, Naval Station, Naval Training Center, and others, San Diego, California
- Naval Air Station, Lemoore, California
- Naval Postgraduate School, Monterey, California
- Naval Military Personnel Command, Washington, D.C.
- Naval Air Station, Memphis, Tennessee
- Naval Air Station, Whidbey Island, Washington
- Naval Air Station, Alameda, Oakland, California
- Naval Air Station, Moffet Field, Mountain View, California
- Naval Shipyard, Bremerton, Washington

Access to the sample was through one of the following methods:

1. The author wrote to friends and friends' friends in various locations.
2. The author contacted one base and asked to have the questionnaire distributed to all eligible personnel.
3. The author visited commands in the western United States with high concentrations of women.

4. The child-care centers visited by the author were requested to distribute questionnaires to Navy active-duty women who use the centers.

B. SAMPLE CHARACTERISTICS

Table 1 presents the demographic characteristics of the respondents to the Active-Duty Women with Children Survey. The sample included 196 Navy active-duty women with dependent children. There were 159 enlisted women and 37 women officers who participated in the survey. Sixty percent of the sample were in pay grades E-4 or E-5. Of the 37 women officers, 28 were O-3 or O-4. Seventy-eight percent of the sample were Caucasian, seventeen percent were Black and sixteen percent were "Other" (Eskimo, Indian, Asian).

Over three-quarters (78%) of the women in the sample were between the ages of 21 and 30 years of age. Five percent of the women in the sample were seventeen to twenty years of age and seventeen percent were thirty-one years or older.

Twenty-five different ratings were represented in the enlisted sample. Twelve percent of the enlisted women were in medical ratings: Hospital Corpsman and Dental Technicians. Over one-half the sample was in administrative ratings such as Yeoman, Personnelman, Storekeeper, etc.

Forty-one percent of the sample were high school graduates, thirty-seven percent had "some college," twelve

Table 1

ACTIVE DUTY WOMEN SURVEY SAMPLE CHARACTERISTICS

Paygrade	Number	Percent
E1 to E3	28	14.3
E4 to E5	116	59.3
E6 to E7	14	7.1
01 to 02	6	3.1
02 to 04	28	14.3
05 & up	3	0.5
Total	196	100.0

Race	Number	Percent
Caucasian	150	78.1
Black	34	17.3
Hispanic	4	2.0
Other	4	2.0
Unknown	4	2.0
Total	196	100.0

Age	Number	Percent
17-20 years	10	5.1
21-25 years	86	43.9
26-30 years	66	33.7
31-35 years	28	14.3
36 and over	5	2.6
Unknown	1	0.5
Total	196	100.0

Ratings/Officers	Number	Percent
HN, HM. DT	21	10.7
YN, PN, SK, AZ, DP	100	51.0
AMH, RM, AT	23	11.8
Officers	37	18.9
Unknown	15	7.7
Total	196	100.0

Table 1 (continued)

Education Level	Number	Percent
Non-high school grad.	1	0.5
High school grad.	78	39.8
Some college	72	36.7
College graduate	24	12.2
Postgraduate education	19	9.7
Unknown	2	1.0
Total	196	100.0

Total Family Income	Number	Percent
Less than $10,000	71	36.2
$11,000 - $15,000	54	27.6
$16,000 - $20,000	20	10.2
$21,000 - $25,000	13	6.6
over $25,000	30	15.3
Unknown	8	4.1
Total	196	100.0

Marital Status	Number	Percent
Single	23	11.7
Divorced	32	16.3
Widowed	1	0.5
Separated	21	10.7
Married	118	60.2
Unknown	1	0.5
Total	196	100.0

percent were college graduates and ten percent had post-graduate level education.

Respondents were asked for their total family income for the year 1979, before taxes and deductions. Thirty-nine percent of the sample earned less than ten thousand dollars ($10,000.00); sixty-four percent earned fifteen thousand dollars ($15,000.00) or less; eleven percent earned between sixteen thousand dollars ($16,000.00) and twenty thousand dollars ($20,000.00); and twenty-three percent earned twenty-one thousand dollars ($21,000.00) or more.

1. A Comparison of This Sample and the Navy Demographic Study Sample.

The recent Navy family demographic study done for the Navy Family Support Program (OP-15) by Family Research and Analysis, hereafter called the "FRA Study", (Orthner & Nelson, 1980:p. 10), showed that 54% of all Navy personnel are married. Of the sample of women in the Active-Duty Women with Children Survey, 61% were married.

In the survey done for this thesis, 39% were found to be unmarried (single parents) and 27% of these were divorced or separated while 12% were single (and presumably never married since the responses of divorced, separated, and widowed were not marked although available). Of the single parents, it is estimated that a very small number (one or two) were inadvertently included who may not have custody of their children.

Of the 118 married women, 58% had husbands who were on active duty, and 91% of those active-duty husbands were in the Navy. The latter was also found in the FRA study of Navy families (Orthner & Nelson, 1980:p. 10). A comparison of the characteristics of the two samples is presented in Table 2.

The bases on which the respondents in the sample for this thesis were stationed, were located in the Continental United States and Hawaii. Table 3 shows the distribution of the respondents by area.

C. THE QUESTIONNAIRE

The questionnaire was developed by this researcher. The Director of Family Services Program of the Department of the Navy (OP-152) assisted in question formulation. An example of the questionnaire is found in Appendix A.

D. SOURCES OF BIAS

There are two primary sources of bias relating to sampling. The sample is not a probability sample. One of the authors of the FRA study stated to this author that, given current Navy records, it would have been impossible to do this study based on a probability sample. Two local Navy personnel support activities did attempt to get a list of women with dependents, but many of these dependents were husbands, and one of the "women" on the list turned out to be a man.

Table 2

A COMPARISON OF SAMPLES USED IN TWO NAVY STUDIES RELATING TO SINGLE PARENTS (Percent)

Family Research and Analysis (FRA) Study		Active Duty Women With Children Survey (This Thesis)
All single Parents	Single-parents Women Only	Single-Parent Women Only
		N = 77
Divorced 44.0	50.0	41.7
Separated 20.0	19.0	27.3
Widowed 15.0	12.0	1.3
Single 20.0	19.0	29.9
99.0 [1]	100.0	100.0

[1]Does not add to 100.0 due to rounding.

Table 3

LOCATIONS OF RESPONDENTS

Station	Number	Percent
Pearl Harbor	35	17.9
Mare Island	4	2.0
Oakland	4	2.0
Annapolis	12	6.1
San Diego	80	40.8
Bremerton	1	0.5
Lemoore	5	2.6
Monterey	3	1.5
Washington, D.C.	4	2.0
Memphis	22	11.2
Mountain View	9	4.6
Whidbey Island	16	8.2
Total	195[1]	99.5

[1]The location of one respondent was unknown.

The second source of bias is due to the distribution of the questionnaire to the child-care centers when they were visited by the author. Because of this distribution at the centers, it is probable that the sample includes many more women who use military child care than would have occurred if the sample has been drawn randomly from the population of Navy women. It was perceived as desirable to have this larger percentage of child-care center users in order to determine with some confidence information such as the length of time women use such centers and how they felt about the centers.

E. ANALYTICAL PROCEDURES

The data collected for this study were analyzed by computer. The Statistical Package for the Social Sciences (SPSS) (Nie, et al., 1975) was utilized to manipulate the data.

F. RESULTS

1. Reenlistment or Retention Intentions and Career Satisfaction

Tables 4 and 5 concern the re-enlistment intentions and satisfaction with military career. Four groups of women were considered: all respondents, married respondents, single respondents (separated, divorced, widowed, or never

Table 4

RE-ENLISTMENT OR RETENTION INTENTIONS (Percent)

	All (N=193)	Married (N=118)	Single (N=75)	E-1 to E-5 (N=142)
I definitely will	25.9	22.9	30.7	20.4
I probably will	29.5	33.1	24.3	25.4
I might	23.3	22.9	24.0	26.8
It is unlikely	14.0	14.4	13.0	17.6
I definitely will not	7.3	6.8	8.0	9.9
Total	100.0	100.0	100.0	100.0

Table 5

SATISFACTION WITH MILITARY CAREER (Percent)

	All (N=194)	Married (N=117)	Single (N=75)	E-1 to E-5 (N=142)
Very satisfied	38.7	47.0	25.0	28.9
Somewhat satisfied	39.7	35.7	46.1	44.4
Neutral	10.3	7.7	14.5	12.0
Somewhat dissatisfied	6.2	7.7	3.9	8.5
Very dissatisfied	5.2	1.7	10.5	6.3
Total	100.0	100.0	100.0	100.0

married), and pay grade E-1 to E-5 respondents.[1] The "married" and "single" groups include all pay grades; E-1 to E-5 includes and pay grade E-1 to E-5 respondents. The "married" and "single" groups include all pay grades; E-1 to E-5 includes all married and single or divorced, but only in those pay-grades. The E-1 to E-5 group was chosen because it was a large group of enlisted women; they are a younger group and more likely to have preschool children. This group is also most likely to be considering re-enlistment. These groups will be compared in subsequent sections as appropriate.

Of the four groups, the E-1 to E-5 women seemed the least likely to re-enlist. If the first 2 categories are combined ("definitely" and "probably"), 56, 56, 55, and 45%, respectively, were intending to re-enlist. If the bottom 2 categories are combined ("unlikely" and "definitely will not"), again E-1 to E-5 women were less interested in re-enlisting (21%, 21%, 21% and 28%, respectively).

Of the four groups, the single and E-1 to E-5 women were the least satisfied with their military career; the married respondents were more satisfied. If the top 2 categories are combined, 78.4% of all respondents were satisfied

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[1]Officers and enlisted were unfortunately not separated for this variable. Lack of computer services made separate statistics for these groups unavailable.

as were 82.9% of the married women, while 71.1% of the single women and 73.3% of the E-1/E-5 women are satisfied.

2. Number (Present and Planned) and Ages of Children

Respondents were asked about the number of children who live with them, the number of children they plan to have, and if child-care experiences were influencing their decision whether or not to have more children. The results are presented in Tables 6, 7 and 8. Respondents were also asked the ages of their youngest and next youngest children. This information is presented in Tables 9 and 10.

In all groups, about seventy percent had only one child living with them; twenty-five percent had two or more children living with them. The "none" category refers to children who did not live with the respondent. The "none category" appeared to be somewhat more common among single women and the lower pay-grade women (9.1% and 9.0%, respectively).

The FRA (Orthner & Nelson, 1980:p. 29) study reported that Navy single parents (either sex) had an average of 1.9 dependent children. This sample of women who were single parents indicates an average of 1.7 children, but the difference may be due to chance sampling differences (N=77) and the fact that only women are included.

A greater percentage of single women plan to have only one child than was true for women in the other three groups. The average number of children which all groups plan to have is, however, similar.

Table 6

NUMBER OF CHILDREN LIVING WITH RESPONDENT (Percent)

Number Number	All (N=195)	Married (N=118)	Single (N=77)	E-1 to E-5 (N-144)
One	69.2	67.8	71.4	70.1
Two	19.5	20.3	18.2	15.3
Three	3.6	5.9	0	4.2
Four	0.5	0.8	0	0.7
Five	0.5	0	1.3	0.7
None	6.7	5.1	9.1	9.0
Total	100.0	100.0	100.0	100.0

Table 7

NUMBER OF CHILDREN THE RESPONDENTS PLAN TO HAVE (Percent)

Number	All (N=153)	Married (N=97)	Single (N=55)	E-1 to E-5 (N=115)
One	29.4	20.6	45.5	29.6
Two	47.1	54.6	34.5	44.3
Three	15.0	17.5	9.1	14.8
Four	5.2	5.2	5.5	7.0
Five	2.0	2.1	1.8	2.6
Six	0	0	0	0
Seven	0	0	0	0
Eight	0	0	0	0
Nine or more	1.3	0	3.6	1.7
Mean	2.1	2.1	2.0	2.2

Table 8

IMPACT OF CHILD CARE PROBLEMS ON FAMILY SIZE (Percent)

	All (N=127)	Married (N=74)	Single (N=52)	E-1 to E-5 (N=91)
Yes	55.9	55.4	57.7	64.8
No	43.3	43.2	42.3	34.1
	100.0	100.0	100.0	100.0

Table 9

AGE OF YOUNGEST CHILD (Percent)

	All respondents (N=192)
1 to 6 months	16.7
7 to 12 months	15.6
13 to 18 months	13.0
19 to 24 months	10.4
2 to 3 years	12.5
3 to 4 years	7.8
4 to 5 years	5.7
5 to 6 years	4.2
6 to 7 years	2.6
7 to 12 years	7.8
13 and above	3.1
Total	100.0

Table 10

AGE OF NEXT TO YOUNGEST CHILD (Percent)

	All Respondents (N=50)
1 to 18 months	4.0
18 to 23 months	2.0
24 to 29 months	4.0
2 to 3 years	6.0
3 to 4 years	10.0
4 to 5 years	16.0
5 to 6 years	8.0
6 to 7 years	8.0
7 to 12 years	30.0
13 years and above	8.0
Total	100.0

Respondents were asked if they felt that child-care problems (finding or paying for child care, etc.) had influenced them in their decision not to have any more children. The results are shown in Table 8.

The E-1 to E-5 women appear to be somewhat more influenced by child-care problems to have no more children. In the other groups, about fifty-five percent indicate that child- care problems are influencing them in their decision not to have more children.

The ages of the youngest and next youngest children are presented in Tables 9 and 10.

Eighty-six percent of the respondents' youngest children were under the age of six; fifty-five percent had children twenty-four months or younger; seventeen percent had children six months or under.

Approximately twenty-five percent of the sample had two or more children age five or under. Thirty-eight percent of the sample had children aged seven to twelve years old.

3. Locating, Cost and Types of Child Care

Respondents were asked how they had found their present full-time child-care arrangements for the youngest child. Results are tabulated in Table 11. In addition, they were asked the type of child care they utilized for full-time care for their youngest child, the cost per week, and the amount they spent on child care over the past

Table 11

SOURCES OF FULL-TIME CHILD CARE INFORMATION (Percent)

	All Respondents (N-160)
I have a local relative	10.6
Newspaper	8.7
County list of day care mothers	3.7
Coworkers told me of someone[1]	35.0
Checked with neighbors	21.9
Yellow pages	2.5
Bulletin board (church, grocery)	4.4
Saw building	9.4
Past experiences	3.4
Total	100.00

[1]Friend was included in this category.

twelve months. This information is shown in Tables 12, 13 and 14, respectively.

The primary methods used to locate full-time child care were co-workers (and friends) and neighbors.

There were two primary types of full-time child-care utilized by respondents for their youngest child: day-care mothers at their home (44%) and military child-care centers (36%). Only 8.5% relied on local relatives or husband, and 1.7% relied on non-local relatives. This is in contrast to national usage or relatives for child care. It is estimated that "45% of all working mothers rely on relatives to watch their children" (Greenleaf & Shaffer, 1980:p. 28).

Seventy-nine percent of the respondents paid thirty-five dollars ($35.00) per week or less. Almost one-half paid twenty-five dollars ($25.00) per week or less. The most common weekly rate was twenty-five dollars ($25.00) per week.

Almost three-quarters of the respondents spent less than $1,500.00 on child care over the past 12 months. Assuming that women work 48 weeks per year and spent $1,500.00 for 1 child for 12 months, three-quarters of the women spent $31.00 per week on child care or less.

4. Satisfaction with Child Care Arrangements

Table 15 presents the satisfaction of the respondents with their current full-time child-care arrangements for their youngest and next youngest child.

Table 12

TYPE OF CHILD CARE FACILITIES FOR YOUNGEST CHILD (Percent)

	All Respondents (N=176
Day care mother--her home	43.8
Live-in housekeeper	1.7
Military child care center	35.8
Civilian child care center	6.3
Relative - living in area	6.8
Friend	1.1
Relative - living out of local area	1.7
Nursery pre-school	1.1
Spouse	1.7
Total	100.0

Table 13

COST OF CHILD CARE PER WEEK SUMMER 1980 (Percent)

	All Respondents (N=173)
$20.00	19.7
$25.00	28.9
$30.00	19.1
$35.00	11.6
$40.00	9.2
$45.00	2.9
$50.00	3.5
$55.00	0.6
Over $55.00	4.6
Total	100.0

Table 14

AMOUNT SPENT IN THE PAST TWELVE MONTHS ON CHILD CARE FOR ALL CHILDREN (Percent)

	All Respondents (N=183)
$ .00 to $ 500.00	22.9
$ 500.00 to $ 999.00	19.2
$1,000.00 to $1,499.00	30.4
$1,500.00 to $1,999.00	12.9
$2,000.00 to $2,499.00	6.4
$2,500.00 to $2,999.00	2.9
$3,000.00 and up	5.3
Total	100.0

Table 15

SATISFACTION WITH FULL-TIME CHILD CARE FOR YOUNGEST CHILD (Percent)

	All Respondents (N=183)
Very satisfied	39.9
Somewhat satisfied	30.1
Neutral	9.8
Somewhat dissatisfied	10.9
Very dissatisfied	9.3
Total	100.0

SATISFACTION WITH FULL-TIME CHILD CARE FOR NEXT YOUNGEST CHILD (Percent)

	All Respondents (N=30)
Very satisfied	53.3
Somewhat satisfied	23.3
Neutral	13.3
Somewhat dissatisfied	3.3
Very dissatisfied	6.7
Total	100.0

The majority of the respondents were satisfied with their current child-care arrangements. Twenty percent are somewhat or very dissatisfied with the arrangements for their youngest child; about ten percent were dissatisfied with the arrangements for their next youngest child.

5. Usage and Satisfaction with Military Child-Care Centers

One of the primary goals of this study was to determine if active-duty women used military child-care centers for full-time care and how satisfied they were with military child care. A number of questions were asked relating to this topic. First, respondents were asked if they had ever, for any of their children, used a military child-care center for full-time care. Fifty-three percent of the sample (N=193) reported that they had used military centers for full-time care. Respondents were then asked how long they used military child-care centers for such care. Of the fifty-nine women who reported that they were currently using military child-care centers (full-time), about fifty-two percent indicated they had been using military centers for six months or less and twenty-five percent had been using military centers for over one year. Of the forty-four women who had used military centers in the past, sixty-four percent reported having used centers for six months or less.

Respondents were then asked why they stopped using military child-care centers. The results of this question

are presented in Table 16. Respondents could check all answers that applied.

The first five reasons were given as multiple choice answers. If all other reasons relating to satisfaction, such as "found better care", are added to the "dissatisfied with care given" reason, then forty-five percent of reasons for stopping child care are related to dissatisfaction with care, or "quality" reasons. Cost was the next most common reason (twenty-one percent). Eleven percent stopped due to transferring to a new duty station and eleven percent stopped because of an hours-related reason.

Respondents who had never used a military child-care center were then asked if they had visited any military center in the past year to evaluate it for full-time child care. 47% (N=98) reported they had made such an evaluation. Of the 98 women who had evaluated a military center, 83 women (84%) chose not to use the evaluated center. The reasons for rejecting military child-care centers are given in Table 17.

As previously seen, the most common reason (43%) is that the "facility does not meet my standards" or other "quality" reasons. Seventeen percent of the reasons for rejection relate to the ages accepted by the center; twelve percent related to cost and eight percent relate to the hours of the center. Eleven percent rejected it because the center is inconveniently located.

Table 16

REASONS FOR STOPPING USAGE OF MILITARY CHILD-CARE CENTERS (Percent)

	All Respondents (N=45)
Dissatisfied with care given	26.5
Inconvenient location	7.2
Transferred	10.8
Cost too much	20.5
Found better care	10.8
Child caught cold	1.2
Discharged	1.2
Husband changed shift	1.2
Wanted home environment	1.2
Center hours wrong for me	2.4
Not open evenings/weekends	6.0
Will not take ill children	1.2
Child temporarily staying with relative	2.4
Child old enough to stay home by self after school	2.4
Center not open early enough in a.m.	1.2
Not enough attention to babies	1.2
Poor child/caregiver ratio	1.2
Total	99.6[1]

[1]Does not total to 100.0 due to rounding.

Table 17

REASONS FOR REJECTING
MILITARY CHILD-CARE CENTERS (Percent)

	All Respondents (N=83)
Facility not full-time	3.6
Did not take child that young	14.8
Facility did not meet my standard	19.2
Facility located inconveniently	6.6
Cost too much	12.1
Opened too late in the morning	3.3
Child/caregiver ratio unsatisfactory	6.0
Child not here at that time	0.5
Closed evenings/weekend--need 24 hour care--not open when I go to work	3.3
Will not take ill children	2.7
No other choice	4.4
Need reservations	1.6
Minimum supervision/insufficient attention to children	3.3
Age of caregiver at facility (too young)	0.5
Put on waiting list	1.1
Want a home environment	0.5
No bus for before and after school program	1.1
Required disposable diapers	0.5
All ages are grouped together	0.5
Did not serve hot meals	11.0
Did not have sliding scale	0.5
Too little feedback on child's day	0.5
Total	97.6[1]

[1]Does not total to 100.0 due to rounding.

Respondents were then asked about their overall satisfaction with the military child-care services available in their area. The results for various groupings (all, single, married E-1 to E-4) are presented in Table 18.

Of all respondents, 44% were somewhat dissatisfied or very dissatisfied, while only 14% were very satisfied. Single respondents were somewhat more dissatisfied than the other groups, while married were more satisfied. Thirty-two percent of the single mothers indicated they were very dissatisfied while only twenty percent of the married mothers were very dissatisfied.

In addition, analysis of the data in Tables 15 and 16 shows that of the 196 women in the sample, 124 women either: (1) evaluated and rejected military child care or, (2) used military child care, but later stopped. In the latter group, the women who said their children became old enough to stay by themselves (2) or sent their children to stay with relatives, were subtracted because those reasons were not a function of military-care centers.

6. Day-Care Mothers

Respondents were asked for information about the day-care mothers who cared for their youngest child. Sixty-five percent of the day-care mothers were military wives (N=95). One-fourth of the day-care mothers lived on a military base (N=101). Only 18% (N-102) were licensed. Respondents were asked if they had attempted to find a

Table 18

OVERALL SATISFACTION WITH MILITARY CHILD-CARE SERVICES IN THEIR AREA (Percent)

	All (N=169)	Married (N=102)	Single (N=66)	E-1 to E-5 (N=123)
Very satisfied	14.2	13.7	15.2	16.3
Somewhat satisfied	24.9	30.4	16.7	25.2
Neutral	17.2	15.7	19.7	14.6
Somewhat dissatisfied	18.9	20.6	16.7	17.1
Very dissatisfied	24.9	19.6	31.8	26.8
Mean	3.15	3.02	3.33	3.13

licensed day-care mother. Seventy-three percent indicated that they had not tried to find a licensed day-care mother (N=78).

7. Child-Care Changes

In order to determine the stability of child-care arrangements, respondents were asked to list chronologically the facilities/types of care used for their youngest child for the past year. For each facility/type of care, respondents were asked to state the length of time each was utilized and the reason for changing. From this chronology, the number of times that care changed was computed. Of the 146 mothers who answered the question, 36% changed at least one time during the year, 25% changed twice, 18% changed 3 times, and 14% changed 4 times. Seven percent had to change five or more times in the previous twelve months. Table 19 lists the reasons for changing child care arrangements.

There were 282 change reasons (equating to 282 changes) given by the 121 respondents who listed a child-care chronology. This is an average of 2.2 changes for the youngest child for the prior 12 months. Fifty-two percent of the reasons relate to caregiver discontinuing child care or giving poor care while only eight and one-half percent related to some characteristic of a facility.

8. Absenteeism

Respondents were asked to estimate the number of days they and their husbands had been absent from work or

Table 19

REASONS FOR CHANGING CHILD CARE ARRANGEMENTS

	All Respondents (N=121)
Caregiver ill, went on vacation, moved, got a job	27.1
Abuse or poor care by caregiver (non-center)[1]	24.5
Respondent on leave or temporary duty	18.0
Too expensive (caregiver raised price, etc.)	8.0
Sent child to live with relative	4.6
No longer had transportation, bad location	1.5
Facility hours, ages accepted or quality	8.5
Other	8.7
Total	100.0

[1]Among the responses reported were: Too many children, undependable, too strict, caregiver's family on drugs, caregiver's spouse sexually assaulted child, left child alone, neglected child, child got sick there, child not disciplined, left child with drunken spouse.

took leave during the previous 3 months due to the illness of any of their children or due to other child-care related problems (e.g., school closure/vacation). Table 20 presents the results.

Respondents, rather than husbands, generally are absent or take leave when children are ill or due to child-care related problems. One-half of the respondents were not absent at all from work during the preceding three months due to child illness or child-care problems, and three-quarters took no leave for these reasons. Of those that were absent at all (N=97), almost one-half (46%) were absent only 1 or 2 days over the previous 3 months.

9. Special Arrangements for Child Illness or Emergency Recall

Respondents were asked several questions relating to sick children and to child care arrangements in the event of emergency recall by their unit. Respondents were asked if their present caregiver or facility would take care of their child when they were sick (assuming a cold or low fever). Fifty-six percent indicated that the caregiver or facility would do so (N=179). Respondents were asked if they had made any special arangements, with a neighbor, relative, or friend to care for their children when they are sick. Sixty-five percent of the respondents reported that they had not made such arrangements. Respondents were then asked if they had made any special arrangements with a friend, neighbor or

Table 20

ABSENCE AND LEAVE TAKEN BY RESPONDENT/HUSBAND DUE TO CHILD CARE PROBLEMS IN PREVIOUS THREE MONTHS

		Days Absent	Percent
a.	Absence of Respondent From Work During Previous Three Months Due to Child Care Problems (N=180)	0	49.4
		1 to 2	25.6
		3 to 4	10.6
		5 to 6	6.7
		7 or more	5.6
		Total	100.0

		Days Leave	Percent
b.	Leave Taken by Respondent During Previous Three Months Due to Child Care Problems (N=180)	0	76.1
		1 to 2	6.1
		3 to 4	5.6
		5 to 6	6.7
		7 or more	5.6
		Total	100.0

		Days Absent	Percent
c.	Absence of Husband From Work During Previous Three Months Due to Child Care Problems (N=132)	0	80.3
		1 to 2	12.1
		3 or more	7.6
		Total	100.0

		Days Leave	Percent
d.	Leave Taken by Husband During Previous Three Months Due to Child Care Problems (N=127).	0	92.1
		1 or more	7.9
		Total	100.0

relative to care for their children if they were recalled by their unit for an emergency. Forty-five percent had made such arrangements. Only 8% of the commands were said to have had required such arrangements. Respondents were then asked, if they had made such arrangements, how long it would take to get the child(ren) to that place. Sixty-seven percent indicated zero to four hours, nineteen percent would take four to twenty-four hours, eight percent would take to twenty-four to forty-eight hours and six percent would take forty-eight hours or more. One hundred and four women answered this second question, while only eighty-three had originally stated they had made emergency arrangement for their children.

10. Infant Care

Respondents were asked how much convalescent leave and regular leave (together) they used after having their youngest child. The results are presented in Table 21.

The child care arrangements made by the respondents when they first returned to work after birth of their last children are shown in Table 22.

Day-care mothers (at her home), neighbors or friends comprised 70% of the first infant-care arrangements made by the respondents. Relatives comprised 14% and child-care centers (military or civilian), only 4%. Spouses represented 4% of the arangements.

Table 21

CONVALESCENT/REGULAR LEAVE USED AFTER BIRTH OF YOUNGEST CHILD (Percent)

Length of Time	All Respondents (N=143)
0 to 30 days[1]	51.0
5 to 6 weeks	25.2
7 to 8 weeks	15.4
9 or more weeks	4.9
Not active duty then	3.5
Total	100.0

[1]No additional convalescent leave taken.

Table 22

FIRST DAY CARE ARRANGEMENTS FOR YOUNGEST CHILD (Percent)

	All Respondents (N=154)
Neighbor	13.0
Friend	16.9
Relative	14.3
Civilian day care center	1.3
Military day care center	3.2
Housekeeper my home	7.1
Day care mother-her home	39.6
Spouse on opposite shifts	3.2
Spouse took leave	1.3
Total	100.0

Respondents were asked how difficult it was to find infant care when they first returned to work. The results are shown in Table 23. Forty-four percent found infant care easy or moderately easy to find; thirty-seven percent indicated it was moderately or very difficult to find infant care when they first returned to work.

Respondents were asked how many places they had interviewed in order to find infant care when they first returned to work. Fifty-five percent indicated they interviewed three or fewer places, thirty-two percent interviewed four to six places, and thirteen percent interviewed seven or more infant-care alternatives.

11. Difficulty in Finding Good Child Care

Respondents were asked how difficult, overall, it was to find good child care in their area. The results are shown in Table 24.

Only 9% of the respondents indicated it was "very easy" to find good day care. Sixty-six percent indicated it was slightly, moderately or very difficult to find good day care.

12. Services and Assistance From the Navy

Respondents were asked to list things that the Navy could do to help them find child care. This question was open-ended. The results are shown in Table 25. Analysis of these results show that 79% of the respondents needed information and referral, such as help in getting on

Table 23

DIFFICULTY IN FINDING INFANT CARE (Percent)

	All Respondents (N=159)
Very easy	24.5
Moderately easy	23.3
Slightly difficult	15.1
Moderately difficult	11.9
Very difficult	25.2
Total	100.0

Table 24

OVERALL DIFFICULTY IN FINDING GOOD CHILD CARE (Percent)

	All Respondents (N=174)
Very easy	8.6
Moderately easy	25.3
Slightly difficult	27.6
Moderately difficult	17.2
Very difficult	21.3
Total	100.0

Table 25

ASSISTANCE FROM THE NAVY IN FINDING CHILD CARE (Percent)

Type of Assistance	All Respondents (N=122)
Information and Referral ("Maintain a list of babysitters, sitters, centers [both military and civilian] including cost")	41.5
Have sliding scale rates/lower rates	4.9
Provide 24-hour, 7 day child care	10.7
Have special advertising in base newspaper	9.3
List facilities in Welcome Aboard package (be able to get on waiting list before arrival at next duty station; list of day care mothers at Personnel and Housing Referral)	7.8
More child care centers on base	5.4
Other (includes list of babysitters for ill/convalescing children; central complaint center; take children from six weeks to age 13; have caring caregivers; classes to prepare caregivers; make military centers more developmental, etc.)	20.4
Total	100.0

waiting lists before arrival at a new duty station, advertising in base newspapers for babysitters, etc.

In addition to the above question, two questions were asked concerning specific services that the Navy could provide. The first question listed several child-care programs. Respondents could select as many programs as they would use if the programs were available. These results are presented in Table 26. The second question asked if respondents would use, if it were available on their base, a "quality child-care program." This program was also described as having sliding scale fees based on family income, as accepting 1 month- through 6 year-olds, and was open 24 hours per day. Of the 183 women who answered the questions, 89% stated they would use such a program. This question was a multiple response question, and the 172 respondents selected 323 service choices. Of the 323 responses, 33% (107) indicated infant care for 1 to 12 month-olds would be used if it were available.

13. Children at the Workplace

Respondents were asked if they take their children to work, the reasons for doing so and if men at their command ever brought their children to work. Forty-three percent of the women (N=187) stated they had taken their child(ren) to work "for an afternoon or a whole day--excluding special unit functions in which the command had a party or a family visit day." The women reported that in

Table 26

CHILD-CARE SERVICES NAVY COULD PROVIDE (N=172)

Service	Percent
Infant care (1-12 months) 12 hours per day	16.4
Infant care (1-12 months) 24 hours per day	16.7
Toddler care (12 months to 2 1/2 years) full-time	23.8
Preschool (2 1/2 to 5 years) such as Montessori or other nursery school developmental program	26.0
24 hour care/weekends holiday care for watch standers	4.3
Bus service before and after school, summer programs for school children, private care	9.6
Other	3.2
Total	100.0

35% of the respondents units, men occasionally bring their child(ren) to work (N=189)--again, excluding special unit functions.

The reasons that the women took their child(ren) to work are presented in Table 27.

The most common reasons for taking their children to work were due to problems with caregiver or facility problems (such as unable to use facility when respondent had duty or when school was closed). These 2 reasons account for half the reasons (49.2%) for taking children to work.

Respondents were also asked if they ever had to change duty (i.e., arrange to exchange duty nights with someone else) to accommodate child-care arrangements. Almost one-half (49 percent) of the respondents reporting having to do so (N=188). The frequency of such changes are reported in Table 28.

Respondents were asked if their supervisors were "generally willing" to make such changes in duty. Eighty-three percent reported that their supervisors were willing to change duty for child-care reasons. Respondents also reported that supervisors knew that the respondent had children (97%; N=191).

Due to hindsight by the author, five additional questions were formulated which were administered to about one-fourth of the entire sample. These 5 questions were

Table 27

REASONS CHILDREN ARE TAKEN TO WORK (N=87)

Reason	Percent
Holiday/School was closed	10.1
Caregiver quit	12.3
Weekend duty and no sitter	5.8
Caregiver ill no other care available	5.8
Evening duty, child care center not open	8.0
Child ill, no one to care for him/her	7.2
Doctors appointment for child	8.0
No pre-teen activity at that time of day	8.7
Both parents had to work	4.3
Show child workplace	2.9
Other	26.9
Total	100.0

Table 28

FREQUENCY OF SPECIAL DUTY CHANGES FOR CHILD CARE REASONS (N=184)

Frequency Level	Percent
Very Seldom or Never	65.8
3 to 4 times per year	28.3
Everyday	6.0
Total	100.0

in addition to the original 67 basic questions. Two of these questions related to watchstanding. The other three dealt with actions to be taken in the event of emergency recall and will be discussed in a later section. The first question relating to watchstanding asked if they stood overnight duty or worked at night. Seventy-five percent indicated that they did (N=53). The second question asked who cared for their children during duty. Of the women who did stand overnight duty or work at night (N=42), 50% had the children cared for by the spouse, 31% used neighbors, friends, or relatives, and 12% used a local day care mother.

14. Intention to Reenlist, Detailing and Early Discharge

Respondents who did not intend to re-enlist or continue on active duty, were asked to what extent child-care problems were causing them to leave. Results are presented in Table 29.

Respondents were asked if they had ever requested from their detailer special consideration in assignment because of a child-care problem. Seventy-three percent (N=183) of the women stated they had not requested such special consideration in detailing. Respondents were also asked if they had considered requesting a hardship/ dependency discharge because of child-care problems.

Table 29

EXTENT TO WHICH CHILD CARE PROBLEMS ARE CAUSING RESPONDENTS TO LEAVE THE SERVICE (Percent)

Category	All Respondents (N=105)
Not at all	35.2
Somewhat	20.0
Quite a lot	17.1
A great deal	15.2
I'm not reenlisting/continuing totally because of a child care related problem	12.4
Total	100.0

Sixty-four percent of the women said they had not made such a request (N=188).

15. Navy Enlistment and Personnel Policy

Two questions were asked concerning Navy enlistment and personnel policies. Based on their present knowledge of child-care availability in the Navy, the respondent was asked if she thought the Navy should recruit (as enlisted or officer) married women with children. Eighty-four percent (N=185) thought the Navy should continue to do so. They were also asked if the Navy should continue to allow women who gave birth to children in the service to remain on active duty. In this case, 95% felt the Navy should continue this policy.

16. Emergency Recall

Two of the questions which were added to the questionnaire (and thus answered by only one-fourth of the entire sample) concerned what respondents would do with their children if "that night, at 2:00 a.m., they received a phone call from their command to return to their duty place due to a national emergency." Respondents were to assume that the national emergency was, "Congress has declared war," and they had to report for duty within an hour. They were also to assume that if their husband was on active duty, he also had to go to his command. The results are shown in Table 30. Respondents were given the first four

Table 30

EMERGENCY RECALL CHILD-CARE ARRANGEMENTS (Percent)

Expected Arrangement	All Respondents (N=50)
Take my children with me--there is no other choice	26.0
Take them next door to a neighbor	8.0
Take them to a local friend or relative	36.0
I would not go--I feel I must stay at home with my children	2.0
Usual day care mother	10.0
Send child to guardian or parents in CONUS	4.0
Leave children with non-military husband	2.0
I don't know	2.0
Leave child(ren) by themselves	4.0
Total	100.0

choices on the questionnaire; the other choices were written in under "Other."

If the respondents planned to take their children to neighbors, friends or relatives (the second or third choices shown in Table 29), respondents were asked how long they could leave their children there. Results are given in Table 31.

Of the original 50 respondents who answered the question, "What would you do with children if you were called at 2:00 a.m. on emergency recall?," 13 (26%) stated they would take the children with them to their duty station. If the women who said they would: a) not go; b) send their child to non-local relatives (i.e., guardian in CONUS); c) "did not know" what they would do, are added to the previous list, then, instead of 13, 17 were likely to take their children with them to work during a national emergency. Based on the answers to the second question concerning the length of time their children could stay at the emergency child-care place (with neighbors, friends or relatives), five women stated their children could stay only through the rest of the night and six more stated only until the midnight. Therefore, instead of 17, 22 (and possibly as many as 28) could ultimately take their children to work during a national emergency.

The reader is cautioned not to make decisions based on these data because the sample is very small, and may not

Table 31

LENGTH OF TIME CHILDREN COULD STAY AT EMERGENCY RECALL CHILD CARE (Percent)

Time Period	All Respondents (N=29)
The rest of the night only--my neighbor, friend, or relative must go to work at 8:00 a.m.	17.2
Until the next night	20.7
A week	17.0
Indefinitely	44.8
	99.7[1]

[1]Does not total to 100.0 due to rounding.

be representative of the entire Navy. The data do, however, suggest the need for more research.

G. RESULTS OF COMMENTS ANALYSIS

Respondents were asked at the end of the questionnaire for their comments concerning child care. Many women made comments throughout the questionnaire. Therefore, in analyzing the comments, any comment that was written by the respondents, regardless of the location of the command in the questionnaire, was included. The comments were analyzed in order to discuss problems, complaints, and needs relating to child care. The following topics were represented in the comments:

- The Quality of Military Child-Care Centers
- Care for Infants under Six Months of Age
- Care for School Age Children
- The Availability of Child Care (Quantity)
- Operating Hours and Days of Child-Care Centers

Appendix B provides a list of names of Navy occupations for those who may be unfamiliar with the abbreviations used to describe each respondent.

1. The Quality of Military Child-Care Centers

The 196 active-duty Navy women in the sample made a total of 41 written comments concerning the quality of the military child-care centers. The majority of these comments

mentioned inadequate caregiver-child ratios or the non-educational nature of the centers. The following are examples of these comments:

- Married HM2:

I would definitely like to see the Navy run a preschool system similar to the one my children went to while I was in Japan. This system is run by HEW funds in Laramie, Wyoming, and is on a sliding scale. The children received excellent care and the education was also great. I absolutely refuse to put my children in a center when the student-teacher ratio is 10-12 to 1 and they do nothing but play and color. I can get the same thing with a private mother and do it on a more personnel (sic) basis. I have had my children in day-care centers now for five years and refuse to use the Navy day-care centers. They're inexpensive but the care is lousy.

- Married MA (E-6 or E-7):

I didn't feel there was enough supervision and individual attention (in the military child-care centers)....

- Married, AT (E-4 or E-5):

Facility was going to give my child to an unauthorized person again. Breaking its own rules.

- Single, YN3:

Personnel (sic) working paid little attention to children.

- Single, officer:

The caretaker/child ratio was inadequate.

- Married, AK (E-4 or E-5):

They could have a (military day-care center) equal to a home sitter such as pay, attending to so many at one time--1-5 vice 40-2, better lunch, better facilities.

- Divorced, HM3 (in answer to why not using military child-care center):

I feel he is not old enough yet (child is 2 years old). I feel better that there is not a big group of kids and only a few helpers.... Also I (am) very scared to place him in one.

- Married, PN3:

Until the children can walk, they will keep them in a crib or play pen....

- Married, officer:

1 adult to 28 infants. Unsat.

- Single, HM (E-4 or E-5) (Respondent used military child-care center 1 day and stated this as a reason for changing):

UNSAT/CARE WAS AWFUL.

- Married, AZ2:

I didn't like the way they treated the children.

- Married, HM2:

Inadequate educational level of staff, 1940 wood building--very ugly and I'm sure a fire hazard, Ultra-man cartoon playing on TV for children, etc., hours of operation don't meet needs of active duty members.

- Married, HM2:

Military day care consists of "babysitting." I would very much like to see some learning elements, i.e., sensory, shapes and color, texture, small and large muscle development, spatial relations. Also more small group activities. My present center is unable to accomplish this due to the numbers of "transient" children and the small staff....

- Single, SK (E-1 to E-3):

I would love to see better day-care centers on military bases, that offer more educational training. Also some kids are just there.

- Married, officer:

I would use a Navy center if an educational program were incorporated with a social program. I prefer more intellectual stimulation for him.

- Married, HM2:

We recently had a 20% increase from $90.00 to $110.00 to our child-care center. I would gladly pay that and keep my child there if there were more personnel or less kids. The ratio was 1 to 9 and I couldn't take my baby there with good conscions (sic) and the cleanliness left something to be desired....

- Married, officer:

There is a deplorable lack of quality child care available at reasonable cost to working mothers....

- Married, AK2:

The child-care facility at (base name) is not properly manned. I've found that the woman employed there seem(s) the least interested in children but are doing it just for the paycheck. I know it is difficult to watch that many children, but if they had the proper amount of "trained employees", I know I would worry less if my child was getting the proper attention and discipline.

- Divorced, TM (E-4 or E-5):

The child-care facilities here at (base name) are inadequate in a couple of ways. Mainly they are not licensed proper who are responsible for a dozen kids for ever(y) 1 adult. And for preschool the teachers are unlicensed to teach and not properly equipped.

- Married HM2:

My daughter is very bright and does not get the mental stimulation needed in the mass play area they call a preschool here. My son had numerous diaper rashes when he was staying at the day-care (center) but they mysteriously disappeared on the weekend. Generally I have been very dissatisfied with all military day-care centers.

- Divorced, YN (E-4 or E-5):

The nursery at this station also smelled horrible.

2. Care for Infants Under Six Months of Age

There were 26 written comments concerning the need for infant care. The following are examples:

- Married, YN2:

The hardest part of trying to find child care is trying to find someplace that will take children under 6 months old. You have to go back to work when the baby is about a month and a half old. The military should either extend maternity (sic) leave or provide child-care centers for younger infants.

- Married, DP3:

Several women share my problem of being E-1 - E-4 having a new baby and no "professional" infant (0-6 mos) care forcing them out of the Navy. Also no nursery hours in the evenings for duty nights. Expenses on base child care as it is outrageously expensive (sending child with lunch). We are afraid to think of the "extra" charge of infant care.

- Married, DM1:

Many women desperately need child-care facilities for 6 weeks to 5 years old on a 24 hours basis. My problems are minor compared to single parents.

- Married, officer:

Child care should be provided from 6 weeks old on every base. This service should not be free to the users but should be subsidized in order to preclude the cost from becoming exhorbitant. Each base should evaluate the working hours of all potential users and operate the child care center accordingly....

• Married, TD3 (comment concerning arrangements made for child care when mother first returned to work after birth):

Husband took 30 days leave because child was too young for day care available and affordable.

• Married, officer (comment in margin after marking "somewhat dissatisfied" with military child-care services available in area):

Because will not take child below 6 months.

• Married, MS3:

Need to open up to infant care 2 months.

• Divorced, PN (E-4 or E-5):

Base child care should start for infants under 6 months of age.

• Married, SK (E-4 or E-5):

I think that if there is going to be a child-care center on base, they should be able to take babies as young as 6 weeks. We only get 6 weeks and when the child-care center won't take a baby until 3 or 6 months it puts a burden on us. There aren't too many off base that will take a baby that isn't too expensive.

• Married, HM1:

Take children before 6 months of age at military child-care centers.

3. Care for School Age Children

The 196 respondents wrote 10 comments concerning care for the school age child. These comments were primarily in two categories: a) the need for programs and bus

service to and from school to the child-care center and; b) the upper age limit policy of the child-care centers. The following are examples:

- Married, PN2:

> At (base name), no child under the age of 13 can be left at home without an adult (16 or over) supervision. Yet the day-care center's age limit is 10. Active-duty (as well as civilians) are subject to being written up for leaving their children unattended. This is strictly enforced if you live in base housing.... If you cannot be located immediately, your children can be turned over to welfare....

- Separated, DM2 (in a different state from above respondent):

> The only real problem is that most centers won't take children over 9 or 10 and most babysitters don't take children those older ages either...and it is usually a state law that you can't leave your child alone before he/she's 12 years old. A good rule I think. This got a little hairy for us once when I was working shifts and 24-hours on/24-hours off. I never had to leave her alone but once in awhile she had to get herself up and ready and breakfasted for school--and sometimes she didn't go--bad times, those.

- Single, YN (E-1 to E-3):

> My child does not live with me at this time and child care plays a very important part in this. My daughter is 7 years old and goes to school, however after school I'm still working, therefore, she would be alone. So I used the best solution I could come up with and that was to leave her back home with my mother....

- Married, officer:

> What does one do with your child after age 5. You sure can't leave them alone.

- Divorced, officer:

> Have a directory of good day care...this should include centers which will deliver the child to regular school and pick them up past school hours.

4. The Cost of Military Child Care

Twenty-three separate comments were made concerning the cost of child-care centers, or concerning child-care cost in general. The following are examples of comments:

- Married, AZ2:

> Child-care experiences with (respondent named five different bases). Prices vary so greatly--from higher than civilian-care centers to use of sliding scale based on rank/rate. The cost and programs are important...right now the one center at (base) runs 0630-1730 but for weekends (husband and I both TARS) we have to use other resources, i.e., teenagers, which tend to be expensive. It runs in an additional $40.00 to $60.00 a month for weekends and duty nights. If a 7-day/24-hour center could be established it would be a true God-send for the Military family....

- Separated, PN1:

> The only reason I'm not happy with military child care is (1) you must make an appointment, (2) Cost is too high when I can get civilian care based on my income, and (3) Military personnel should have priority.

- Married, ET2:

> When a civilian day-care (center), state funded, does not charge an E-5 for day care because her income is to low and the military one charges $30.00 a week, something is wrong...my day care for both children is free.

- Divorced, PR (with E-4 or E-5):

> I wish the Navy would base the rate of child care to the parents income. Military day care is cheaper than on the outside but for those women who are single, divorced, etc., and have children, the rate is still high....

- Divorced, AD (E-1 to E-4):

> I cannot afford to pay extra money for nighttime care and weekend care. My son has stood duty (4 hours) with me because I can't afford so much babysitting. He also comes in with me on duty weekends most of the time (both Saturday and Sunday, 8 hours a day).

- Separated, LN2:

There is a child care center on Base...cost is still too high-not always open.

- Married, AT (E-4 or E5):

...Get more help (at child-care centers) so they can take more children so we don't have to pay the going rate for child care on the outside.

- Divorced, SK2:

My main complaint with military child care is that when the baby is sick they won't keep her and they also refuse to give me a refund for the time she is not there. I pay by the month so that I get a more resonable rate. Even then I feel it is pretty expensive considering my pay, a lot of money goes out just so I can work.

- Married, PN (E-4 or E-5):

For the same cost, I could have individual care for my children.

- Single, AMH3:

Husband changed shift, I felt that the cost was too high for the care my children was receiving.

5. The Availability of Child Care

The respondents made 18 comments concerning the quantity of child care available or the amount needed. The following are examples of those comments:

- Divorced, officer (respondent reported there was no full-time child care center at the Regional Medical Center but wrote this comment in the margin):

Only for patients so that they (the patients) do not bring their children to out-patient clinics.

- Separated, HM (E-1 to E-3) (at some base):

The facility where I work offers no kind of child care for the staff. I had to also send my child back to Chicago because of child care and other contributing factors.... I would like to see better child care facilities and better accessibility for those who work at small bases.

- Married, IC (E-6 or E-7):

I called (the base center); told that I would be put on a waiting list; I needed child care immediately.

- Married, DT (E-4 or E-5):

The Navy could provide list which you could use to apply for day care before arriving to your new duty station so the waiting list wouldn't be so long.... Please give us some help in the way of more day care but not keeping us out of the Armed Service.

- Married, officer:

Make day care facilities more readily available.... My husband and I are (both in the Navy). We are having to find new day care...(base center) has an excellent program for day care with preschool included--unfortunately we live in (distant suburb) aside from (base center), we have not found the Navy to be of <u>any</u> assistance in finding child care.... Biggest difficulty is the rotating shifts, few people will watch kids from 2:00 p.m. to 12:00 a.m. or all night or drive back and forth from schools during the day.

- Married, officer:

Have child care available on every base not just a few so we could be more accessible to our children.

- Married, officer:

Provide more base child-care centers.

- Separated, RM3:

There was a long waiting list.

- Married, DM1:

More military child-care centers.

• (Respondent also commented in margin near question regarding how difficult it is to find good day care in your area:)

Most places are full...the long waiting lists for child-care centers. I was told by two places it would be next year before I could get my baby in.

• Married, PR (E-1 to E-3):

...the day care would tell me one, maybe two day, before that my daughter could not come in because they were booked and had too many kids....

• Married, officer:

Many times dependents leave their children at the center so they can go shopping, filling the vacancies so that an active duty member in an emergency is out of luck if they didn't make an appointment 2 weeks in advance.

• Married, HM2:

Waiting lists are all extremely long (6 months or longer).

6. The Operating Hours and Days of Military Child-Care Centers

More than 75 respondents of the 196 in the sample wrote comments concerning the hours and days when military child-care centers are open. Almost all of these comments centered around child care during watch standing. The respondents discussed the difficulties of finding overnight child care and child care on weekends.

The needs for extended hours or "24-hour" care were consistent themes. Many respondents reported being unable

to use the child-care centers because the center's hours did not correspond to duty hours. The following are examples:

- Married, AG2:

I don't think this questionnaire took into consideration those of us who work rotating watch bills...I work 2 consecutive 12 hour days (0600-1800), 72 hours off and then 2 to 12 hour nights (1800-0600) with 48 hours off. Thankfully, my husband works strictly days (0630-1530).... I could never use the child-care center, since it caters to day workers. I have to take my kids to the sitter at 5:30 a.m. Day Care doesn't even open till 6:30.... We were due for transfer in April 81, my husband to sea. If he gets a ship out of San Diego, I could stay here. But it would be impossible to find someone to watch my children when I work nights, and think of the cost at $1.50 an hour....

- Married, AX (E-4 or E-5):

Increase the number of care giver per child in the base child center, lower the price, and have them be open before I have to be at work in the morning.

- Married, officer:

However, I have gone on required TAD for 1 week (twice) and my mother was required to travel from Oklahoma to care for the children, since my husband work hours were not compatible with child-care center hours.

- Married, TD1:

The majority of child-care facilities I have (been) associated with do not offer child care on a 24-hour basis, which could relieve quite a bit of apprehensions and anxieties for service women who find someone to babysit on their duty day.

- Married, AK3:

It would help out a lot if the center had longer hours.

- Married, officer:

As a nurse I am always concerned that care provided be for 24 hours/day. The patient in the hospital requires care 24 hours/day and someone must provide it. Often I

have seen nurses with children try to get out of their fair share of nights and weekends because of child care.... This is not fair to the person without children. Child care should not only be provided for daytime or 6-6 as it usually is. If children are to be allowed their child care should be available (and for a price) 24 hours/day and 7 days/week. A military member is never off duty.

- Married, RM2:

In the Radioman rate, I am constantly worried about 24-hour child care especially transferring to a new duty station. Thus far I haven't had any problem in the last 3 years. I have worked with other RM women that have had to take their children to work them (single parents) because they couldn't find a 24-hour sitter. I haven't used Navy child-care facilities because of watchstanding.

- Married, YN2:

I think military child-care centers should be opened on weekends. Because there are so many Navy women that have to work on weekends of Reserve Centers and duty days.

- Married, YN3: (Margin comment explaining "Very dissatisfied" with military child-care services):

Does not provide 24-hour care for working mids (12-8) or eves (4-12).

- Single, YN3:

It's very hard and expensive for a single woman w/child to find a babysitter on duty nights. If it would be possible for overnight care I think it would be used.

- Divorced, YN1:

Make larger child-care centers and employ more people. Have facilities open 24 hours for shift workers....

7. Retention, Navy Attitudes and Child Care

The 196 respondents in the sample provided 18 written comments concerning the relationship between child care and retention. In addition, there were respondents who

were pregnant and had no other children so could not be considered as part of the sample but who nonetheless had valuable comments. The following are samples of comments from both sample and non-sample respondents:

- Married, DP2:

Overall, I am pleased with the military and my part in it, but because I work shift type work and there is currently not child-care facility open for my hours, it may cause me to get out at my EAOS (Expiration of Active Obligated Service) instead of re-enlisting. I feel the Navy needs qualified, experienced people and to help them out with 24 hour quality child care is a small price to pay.

- Single, officer:

I feel the U.S. Navy should support the day-care centers established on bases to provide hot meals, training staffing and other needed facilities. This would allow the cost of care to be less on the mothers. This area should be viewed as a retention effort.

- Married, officer:

To maintain numbers and comply with regulations against discrimination and for equal opportunity, the Navy has no choice but to continue to accommodate women with children. The courts have dictated it. Now it is the job of the Navy to accommodate them <u>well</u> and to work to solve their problems so they can retain high quality personnel, as well as getting their money's worth in terms of the woman not missing work or duty because of child-care problems.

- Married, officer:

If men with children are allowed to serve, then so should women. I do not feel that a woman should be allowed to use her family as an excuse to avoid duty on certain work assignments, any more than a man should. If a woman feels her family obligations conflict with her military duties, she should be released. If she does not request release and continues to have difficulties meeting her military obligation--it should be reflected in her FITREP or evaluation. Before the Navy can do this, however, I feel the military should provide the means

or/method for the woman/man to meet her/his obligations (e.g., day-care referral, day care, etc.).

- Separated, (E-1 to E-3):

I did feel as to make a career of the Navy. I still feel if I get the child-care problem taken care of, then I'll be re-enlisting.

- Married, PN (E-4 or E-5):

I had different types of problems because I adopted my children. People seemed to have the idea I didn't have to adopt a child but natural parents had no choice in having them. Children are children no matter how you have them. The NAVY wants to keep the NAVY family in, but doesn't do anything to help provide <u>good</u> care for infants, 1 month old and under 6 months old, which you have to leave to return to your Navy job.

- Divorced, TD2:

I feel that women have an important place in today's Navy. But that shouldn't stop them from having families. The old saying, if the Navy wanted you to have families, they would have assigned you one, no longer applies. If the Navy continues to want family men and women, they have to improve child related benefits (including medical and child care). The facility I'm using is excellent but not every base is. I think that child-care facilities on all bases should be a top priority for the Navy. Because if the Navy continues to neglect the family, the sailors won't stay in; that includes men and women.

- Married, Sk2:

You cannot expect to retain good personnel and keep up the quota that is needed to maintain the military forces if the child-care services are operated on an 8-5 basis. When OCT 1 comes around you know child care will also increase. In some cases it pays not to work and just collect welfare.

- Divorced, officer:

The Navy seems totally non-concerned in regard to child care. As a single parent on active duty, I find this rather incredible. How does a single parent move into a new area and find a child-care facility literally overnight? My sister was living here in (location) when I arrived and she was able to keep my son. If it were not

for her, my son would have had to come to work with me. I had even written a letter in advance asking for assistance and none was offered.

- Separated, RM (E-4 or E-5) (Child is 6 yr. old):

I came into the Navy as a way of supporting myself and my son. I was told by the recruiter this would be very good for me and that the Navy helps you and takes care of its own. On the contrary, they have done just the opposite. When I was working 12:00 a.m. to 8:00 p.m., I was told I had to find someone myself and wasn't offered any assistance. When I couldn't, by the time I had to start, I was told to leave him home by himself which I didn't do. I was also told that I couldn't leave him in the ladies lounge to sleep on the couch. So far this command hasn't given me any help whatsoever in my problem. They have just been giving me more problems. At this point, I just want to get out but I just don't know how. It's a mistake to come in with a child especially if no one cares to help.

- Married, HM (E-6 or E-7) (Non-sample respondent):

I feel that child-care centers should be an appropriated fund activity. This would give them federal monies to work with and give better care to the children. The military is not going to stop military personnel from being married. Therefore, their families are important to them. If there are problems with the families, then that man or woman cannot fully concentrate on their job and do their best at that job. More personnel should be hired in the centers both as attendants and janitors for the health and safety of the children.

H. SUMMARY OF RESULTS

This chapter has presented the results of the Active-Duty Women with Children Survey. The following are the most significant findings of this survey:

1. The primary sources of child-care information are co-workers and neighbors (see Table 11).

2. Seventy-nine percent of the respondents paid thirty-five dollars ($35.00) per week or less. Almost one half paid twenty-five dollars ($25.00) per week or less (see Table 13).

3. The primary reason given for having stopped using the military child-care center for full-time use was dissatisfaction with the quality of care. Cost was the second most frequent reason (see Table 16).

4. The primary reason given for rejecting the military child-care center (by respondents who had evaluated a military center in the past year but chose not to use it) was dissatisfaction with the quality of care given. The second most frequent reason was the ages accepted at the center (did not accept children as young as needed) (see Table 17).

5. Forty-four percent of the respondents were somewhat or very dissatisfied with military child-care services in their area (see Table 18).

6. Sixty-five percent of the day care mothers used by the respondents were military wives; twenty-five percent of these lived on a military base (see page 45).

7. Thirty-six percent of the respondents had changed child-care arrangements one time in the past year; twenty-five percent changed twice; eighteen percent changed three times; twenty-one percent changed four or more times (see page 45).

8. Fifty-two percent of the respondents changed child care due to the caregiver, becoming ill, going on vacation, moving or related to abuse and poor care by the caregiver (non-center). Eighteen percent of the reasons were due to the respondent going on leave or temporary duty (see Table 19).

9. Fifty percent of respondents had not been absent at all from work during the previous three months due to child-care reasons. Twenty-five percent were absent one to two days for such reasons (see Table 20).

10. Sixty-five percent of the respondents reported that they had not made any special child-care arrangments in the event their child became ill. Fifty-five percent of respondents had not made special arrangements for care of their children in the event of an emergency unit recall. Only eight percent of commands had required arrangements in the event of emergency unit recall (see page 48).

11. Thirty-seven percent of the respondents indicated it was "very difficult or moderately difficult" to find infant care when they first returned to work post delivery (see Table 23).

12. Sixty-six percent of the respondents said it was slightly, moderately, or very difficult to find good day care (see Table 24).

13. Forty-two percent of the respondents stated that the service or assistance that would most help them find child care was "information and referral" (see Table 25).

14. Eighty-nine percent of respondents indicated that they would use, if available on their base, a quality child-care program that had sliding scale fees, accepted one month- to six year-olds and was open twenty-four hours per day (see page 52).

15. Fifty percent of the reasons respondents took their children to work were due to caregivers or facility problems: caregiver had quit doing child-care (or was ill) or the respondent had duty and the base center was not open at night, etc., (see Table 27).

16. Forty-nine percent of the respondents stated that child-care problems were "quite a lot", "a great deal", or "I'm not re-enlisting/continuing totally because of a child-related problem" causing them to not re-enlist or not continue past current obligations (see Table 29).

17. A total of 75 respondents made written comments on the questionnaire concerning the insufficiency of the operating hours and days of the base child-care centers. Forty-one comments concerned quality of the base child-care centers. Twenty-six comments concerned the need for infant care.

The results of the Active-Duty Women with Children Survey were presented in this chapter. The next three chapters concern the Day-Care Center Survey. In Chapter III, the base centers are compared by base on numerous variables, from operating hours to state licences. Chapter IV presents other findings concerning the centers but the results are anonymous no base name. Chapter V is a discussion of quality of the day-care centers based on the visits to the day-care centers. It is also anonymous.

Chapter VI presents the issues concerning the Navy and child care. Chapter VII are the conclusions and recommendations of the author.

III. THE DAY-CARE CENTER SURVEY: METHODOLOGY AND RESULTS

A. CONDUCT OF THE STUDY

A survey of eighteen primary base child-care centers was conducted during June through October 1980. Personal visits were made to thirteen centers (two surveys were transmitted via other Naval Postgraduate School students and two were mailed to friends at two other bases). Appendix C is a sample of the day-care center survey questionnaire. The thirteen centers visited by the author were all located in the Western United States or Hawaii. The following bases were visited:

- Naval Air Station, Miramar
- Naval Air Station, North Island
- Naval Station, San Diego
- Naval Air Station, Lemoore
- Naval Air Station, Alameda
- Puget Sound Naval Shipyard, Bremerton
- Submarine Base, Pearl Harbor
- Naval Station, Pearl Harbor
- Naval Technical Training Center, Treasure Island
- Naval Air Station, Moffett Field
- Naval Postgraduate School, Monterey
- Naval Air Station, Barbers Point

- Naval Ship Yard, Mare Island

The centers which were mailed questionnaires included:

- Naval Station, Annapolis
- Naval Air Station, Pensacola
- Naval Air Station, Memphis

Other Naval Postgraduate School students took questionnaires to these two locations:

- Naval Air Station, Whidbey Island
- Naval Amphibious Base, Little Creek

B. THE QUESTIONNAIRE AND THE CENTER VISITS

The day-care center questionnaire was an author generated survey. It was designed to obtain basic information about Navy child-care centers. The majority of questionnaires were filled out by the directors of the child-care centers, or by the author and the director.

The sample was not random. The centers visited were chosen on the basis of geographical location--proximity to Monterey, California. The centers which received mailed questionnaires were selected because of location in the eastern or northwestern parts of the United States. Fellow Postgraduate School students delivered the other two questionnaires.

The lengths of the visits to the Navy child-care centers varied from thirty minutes to several hours. The average

length of time was about three hours. In some cases, centers were visited two or three times.

The eighteen centers surveyed represent approximately twenty-five percent of the child-care centers operated in the continental United States (CONUS) and Hawaii by Navy Morale, Welfare and Recreation (Special Services) Organizations. One of the eighteen was operated by a wives club, but was, at the time of the visit, being taken over by Special Services.

The centers included five relatively remote or low population areas, e.g., Naval Air Stations, Lemoore and Barbers Point. The other twelve were in very high population areas, e.g., San Diego, Honolulu, and San Francisco.

In addition to information gained through questionnaires, personal visits and statements from other officers (two male and two female), directors were called for some information. As the survey of centers progressed, new questions became important, e.g., whether the center used the U.S. Department of Agriculture Food Service Program, questions concerning extended day-care programs and evacuation fire drills, etc. Phone calls were made later to acquire information to answer these emergent questions.

C. RESULTS

The day-care center survey was designed to gain basic descriptive information about Navy child-care centers,

operations, services, policies, customers, equipment, and programs. These results are divided into two parts: comparative tables by base, and evaluations/observations which are purposely anonymous. Chapter IV contains these anonymous narrative observations.

1. Operating Hours and Days

Table 32 lists the operating hours and days for the 18 child-care centers in the sample. Column 1 gives the normal hours and days that the centers were open. Column 2 lists any special hours that the center was open. Column 3 gives the weekend days on which the centers were not open. The earliest weekday opening time was 0515 which was available only to working mothers. The average weekday opening time was between 0600 and 0630. The latest weekday opening time was 0745. The average closing times varied from 1730 to 1830. The latest weekday (excluding Friday) closing times were 2200 and 2400. Seven of eighteen centers were regularly open on Saturday; three were open on Sunday. Ten centers were open Friday evenings; six were open Saturday evenings.

Of the eighteen centers, none were open twenty-four hours. In addition, none of the weekend hours allowed an active duty person to stand duty and leave their children at a center for the entire duty period.

Table 32

OPERATING HOURS AND DAYS
(Data Gathered June to October 1980)

Base	Hours	Days	Weekends
Naval Air Station, Whidbey Island	0700 to 1800	M-F	
Naval Amphibious Base, Little Creek	0700 to 1800 0800 to 1800	M-F Sat[1]	No Sundays
Naval Station, San Diego	0600 to 2000 0600 to 2400 0800 to 2400	M-Th F Sat	No Sundays
Naval Air Station, Pensacola	0630 to 1830 0630 to 2130 0630 to 2330 0630 to 0130 0800 to 1730	M T-W Th F Sat	No Sundays
Naval Air Station, Miramar	0630 to 1800 0630 to 0100 0830 to 1730	M-Th F Sat	No Sundays
Naval Air Station, North Island	0630 to 1730 0600 to 0100	M-Th F	No Sundays
Naval Air Station, Lemoore	0700 to 1830 0700 to 0200	M-Th F	No Saturdays or Sundays
Puget Sound Naval Shipyard, Bremerton	0630 to 1800	M-Th	No Saturdays or Sundays
Naval Air Station, Memphis	0545 to 1830 0545 to 0030 0800 to 0030	M-Th F Sat	No Sundays
Naval Air Station, Barbers Point	0700 to 1800 0700 to 0100 0900 to 0100	M-Th F Sat	No Sundays
Submarine Base, Pearl Harbor	0630 to 1750 0815 to 1300	M-F Sun	No Saturdays

[1]Special Hours: 0700 to 1715 M-F, parent pays extra for period beyond 1715.

Table 32 (Continued)

Base	Hours	Days	Weekends
Naval Station, Pearl Harbor	0600 to 2400 0600 to 0230 1100 to 2300	M-Th F-Sat Sun	
Naval Technical Training Center, Treasure Island	0700 to 1730	M-F	No Saturdays or Sundays
Naval Air Station, Alameda	0645 to 1800 0800 to 1330 0830 to 1530	M-F Sun[2] M-F	 No Saturdays
Naval Air Station, Moffett Field	0630 to 1800 0630 to 2400	M-Th F	No Saturdays or Sundays
Naval Ship Yard, Mare Island	0715 to 1700	M-F	No Saturdays or Sundays
Naval Postgraduate School, Monterey	0745 to 0745 to 0130 1700 to 0130	M-Th F Sat	 No Sundays
Naval Station, Annapolis	0700 to 1700	M-F[3]	No Saturdays or Sundays

[2]Special Hours: Chapel only.

[3]Special Hours: Open during home games of Naval Academy.

2. Costs to Parents for Child Care

Table 33 summarizes the costs (hourly, weekly, and monthly rates) to parents for full-time, and drop-in care. Preschool or enrichment programs, costs are shown in Table 34. The lowest full-time (5 days, all day, any number of hours, with lunch) day-care cost was $20.00 per week. The highest cost was $38.00 per week. The average cost was $28.00. (One center did not offer full-time care, therefore, the latter cost was based on sixteen rather than on seventeen centers.)

The lowest drop-in rate was $0.65 per hour; the highest $1.25 per hour. The average hourly rate was $0.81 (based on 16 centers, because one did not provide any drop-in care at all).

Four of the eighteen centers charged an initial registration fee: two for preschool/enrichment programs and two for use of the center. Lunch costs are only partially given because the needed information was not always provided. (The question on the survey was overly broad and directors did not always include the rate.)

Column 1 gives the weekly cost for a full-time child-care program with lunch, unless otherwise stated. Column 2 gives the hourly rate (drop-in) for the first child. Column 3 gives the initial registration fee, and Column 4 shows the cost of lunch for drop-in children. Column 5 lists miscellaneous other costs. The fees in

Table 33

COSTS TO PARENTS FOR CHILD CARE
(Data Gathered June to October 1980)

Base	Full-Time Rate With Lunch (Weekly)	Hourly Drop-in Rate	Initial Registration Fee (Per Child)	Lunch Fee For Drop-in Child	Miscellaneous
Naval Air Station, Whidbey Island	$20.00	$1.00	None		
Naval Amphibious Base, Little Creek	28.00[1] 22.00[2]	0.75	None		
Naval Station, San Diego	38.00	0.90	None		$15.00 to hold space over vacation
Naval Air Station, Pensacola	22.50[3]	0.65	$25.00[3]	$0.75	
Naval Air Station, Miramar	26.50[4]	0.85	3.00		15.00 enrich-ment
Naval Air Station, North Island	27.50	0.75	None	0.75	
Naval Air Station, Lemoore	30.00	0.75	15.00		
Puget Sound Naval Shipyard, Bremerton	22.00	0.75	None		

Table 33 (Continued)

Base	Full-Time Rate With Lunch (Weekly)	Hourly Drop-in Rate	Initial Registration Fee (Per Child)	Lunch Fee For Drop-in Child	Miscellaneous
Naval Air Station, Memphis	$22.50/ 30.00	$0.70/ 0.75	$10.00		
Naval Air Station, Barbers Point	31.00	0.70	None		
Submarine Base, Pearl Harbor	30.00	0.80	None	$0.70	
Naval Station, Pearl Harbor	26.75	0.90	None		
Naval Technical Training Center, Treasure Island	37.50[5] 32.50[6]	1.25	15.00[3]	None	
Naval Air Station, Alameda	38.00	None	None		
Naval Air Station, Moffett Field	27.50	0.90	None	0.75	
Naval Ship Yard, Mare Island	34.75	1.00	2.75[3]	0.65	
Naval Postgraduate School, Monterey[7]	---	1.00	None	0.75	

Table 33 (Continued)

Base	Full-Time Rate With Lunch (Weekly)	Hourly Drop-in Rate	Initial Registration Fee (Per Child)	Lunch Fee For Drop-in Child	Miscellaneous
Naval Station, Annapolis	25.00	0.95	1.00/yr.	0.70[8]	

[1]Less than 2 years.

[2]Greater than 2 years.

[3]Includes preschool.

[4]Without lunch.

[5]Less than 2 years, 9 months.

[6]Greater than 2 years, 9 months.

[7]No weekly rate.

[8]Hot lunches on Wednesday and Thursday only.

Table 33 (Continued)

Plan	Hours per Day	Compensation	Monthly Fee
Monthly Day Care Over 209 hours/month	9.5	---	$106.00
Monthly Day Care Over 132 hours/month	6.0	---	$ 74.00
Weekly Day Care 5 Days Together 47.5 hours/week	9.5	---	$ 31.00
Child Development Program			
Monthly 5 day/week			$ 66.00
3 day			$ 39.00
2 day			$ 27.00

Hot lunches are served on Wednesday and Thursday only.

Breakfast	$0.40
Snacks (2)	$0.20
8 oz. milk for bottles	$0.20
8 oz. juice for bottles	$0.20
Late fee (every 5 minutes)	$1.50
Habitual lateness (Defined as more than 3 times in a month)	$5.00 per incident

Table 34

PRESCHOOL COSTS

Base	Program	Costs
Naval Air Station, Whidbey Island	3 yr olds-2 days per/wk 4 yr olds-4 sessions/wk	$ 22.00/mo
Naval Amphibious Base, Little Creek	No preschool	
Naval Station, San Diego	No preschool	
Naval Air Station, Pensacola	3,4 & 5 yr olds, 8-12, 5 days/week	$ 33.00/mo 1st child $ 25.00/mo others
Naval Air Station, Miramar	Fulltime with enrichment 5 days for 3-5 yr olds Preschool only-5 days 3-5 yr olds: 3 days 2 days	$138.00/mo $ 66.00/mo $ 39.00/mo $ 27.00/mo
Naval Air Station, North Island	Fulltime with enrichment 3 yrs old-2 days 4 yrs old-3 days Preschool only 3 yrs old-2 days 4 yrs old-3 days	 $ 15.00/mo $ 25.00/mo $ 30.00/mo $ 38.00/mo
Naval Air Station, Lemoore	Fulltime with enrichment 3 yrs old-2 days 4 yrs old-3 days	 $ 27.00/mo $ 38.00/mo
Puget Sound Naval Shipyard, Bremerton	2 and 4 yrs-2 days/week 3 and 4 yrs-3 days/week	$ 17.00/mo $ 38.00/mo
Naval Air Station, Memphis	3 days per week 5 days per week	$ 28.00/mo $ 44.00/mo
Naval Air Station, Barbers Point	Separate preschool (not operated by MWR) 2 1/2-5 yrs 4 days/week Reduced nursery fee for preschool	 $ 50.00/mo
Submarine Base, Pearl Harbor	No preschool	

Table 34 (Continued)

PRESCHOOL COSTS

Base	Program	Costs
Naval Station, Pearl Harbor	No preschool	
Naval Technical Training Center, Treasure Island	W/volunteer parent 3 days	$ 25.00/mo
	W/0 vol. parent 2 days	$ 25.00/mo
Naval Air Station, Alameda	2 days per week	$ 20.00/mo
	3 days per week	$ 30.00/mo
	4 days per week	$ 40.00/mo
	5 days per week	$ 60.00/mo
Naval Air Station, Moffett Field	2 days per week	$ 25.00/mo
	3 days per week	$ 35.00/mo
Naval Ship Yard, Mare Island	3 hours per day:	
	3 yrs old--2 days/week	$ 25.00/mo
	4 yrs old--3 days/week	$ 35.00/mo
Naval Station, Annapolis	9:00-9:30 & 2:30-3:30	$ 25.00/wk
	2 1/2-3 1/2 yrs for 5 days	for full-time
	9:00-10:00 & 2:30-3:30	$ 25.00/wk
	3 1/2-5 yrs for 5 days/wk	for full-time

Column 5 of Table 33 are examples of other charges made, but is not a complete list.

Preschool/enrichment program fees, shown in Table 34, are not readily comparable. In some cases, fees were reported for the program alone; in some cases, fees were reported as in addition to the full day-care cost.

In Table 34, Column 1 describes the number of sessions per age group and Column 2 gives the cost per month for each program. These rates were effective June through December 1980. The range of rates for 3 days a week was $25.00 to $38.00 per month. A 5-day per week program ranged from $25.00 to $60.00 per month.

Five bases surveyed did not operate preschools.

3. Numbers of Children

Table 35 summarizes the number of full-time and drop-in children for each center in the sample. Column 1 presents the average number of full-time children and Column 2 is the proportion that full-time children represent of the average (in winter) total number of children. For example, at Naval Air Station, Whidbey Island, 60 full-time children were divided by 150 average total number children to equal 40%. Column 4 is the average total number of children per day. ("S" is summer; "W" is for winter). Column 5 is the stated maximum capacity of the center.

The maximum number of children which the largest center could take at any one time was 350. This number

Table 35

NUMBERS OF CHILDREN

Base	Average Number Children		Average of Full Time	Percent Full Time	Average Number Drop-In	Maximum Capacity	Description
	Summer	Winter					
Naval Air Station, Whidbey Island	50	150	60	40	40	200	
Naval Amphibious Base, Little Creek	125	75	30	29	75-85	175	
Naval Station, San Diego	100	145	60	41	85	130	
Naval Air Station, Pensacola	175-200	200-225	58	29	150	250 350	Inside w/play yard
Naval Air Station, Miramar	86	150	50	33	70	170	
Naval Air Station, North Island	90	95	65-70	---	25-30	80	
Naval Air Station, Imperial Beach	76	60	---	72	22-25	75	
Naval Air Station, Lemoore	65	110	20	18	90-100	67	
Puget Sound Naval Shipyard, Bremerton	160	---	90	56	25-45	177	2 buildings
Naval Air Station, Memphis	135	209	57	27	152	200	

Table 35 (Continued)

Base	Average Number Children		Average of Full Time	Percent Full Time	Average Number Drop-In	Maximum Capacity	Description
	Summer	Winter					
Naval Air Station, Barbers Point	75	---	15-20	22	60	105	
Submarine Base, Pearl Harbor	60	60	46	76	16	60	
Naval Station, Pearl Harbor	165	170	95	55	40-75	129	indoors
Naval Technical Training Center, Treasure Island	40	95	40	66	10	60 52	day care; preschool
Naval Air Station, Alameda	125	80-95	80-95	100	0	125	including staff
Naval Air Station, Moffett Field	290	290	175	60	47	175 35 75	child-care center drop-in before and after school
Naval Ship Yard, Mare Island	50	65	35-40	56	30-35	120	
Naval Station, Annapolis	45-50	55-60	25	45	20	81	
Naval Postgraduate School, Monterey	45	60	4	8	40-60	103	

included "children inside and children on the play yard." At two centers in warmer climates, it is the practice to have large numbers of children on the play yard, perhaps several hours at a time. There is, in one of these centers, no specific assigned room indoors. In the event of rain, these children go into the dining room, lanai (covered porch) or nap room. In this center, there are caregivers assigned to the play yard, but not to a specific room or group of children.

The smallest center had a maximum capacity of 60 children. The proportion of full-time children (Column 2) of the average total number of children (Column 1) ranged from 29% to 100%; the average percentage was 44%.

4. Age Limits, Handicapped Children, Reservations

Table 36 specifies the lower and upper age limits (Column 1), whether centers will accept handicapped children (Column 2) and whether handicapped children are accepted on a full-time basis, drop-in only, or either basis (Column 3). Column 4 summarizes the need for reservation for drop-in and for full-time care. Blanks in this table and subsequent tables are usually for Submarine Base and Naval Station, Pearl Harbor. These centers were not called by the author due to telephone difficulties. Occasional other blanks for other centers stem from the same reason. Column 5 indicates hours limitations for infants and older children, i.e., maximum number of hours per day or week as noted. The last

Table 36

AGE LIMITS, HANDICAPPED CHILDREN AND RESERVATIONS

Base	Age Limits	Handicapped	Drop-in/ Full-time	Reserved D/I	Reserved F/T	Hours Limits Infant	Hours Limits Older	Immunizations Required for Infant Entry
Naval Air Station, Whidbey Island	3 mos to 10 yrs	Yes	Either	Yes	No	No	No	No
Naval Amphibious Base, Little Creek	6 wks to 6 yrs[1] 6 wks to 10 yrs[2]	Yes	Drop-in	No	No	No	Yes	Yes
Naval Station, San Diego	6 wks to 10 yrs	Yes	Either	No	No	No	Yes	
Naval Air Station, Pensacola	6 wks to 10 yrs	Yes	Either	No	No	No more than 10 consecutive hours per day		Yes
Naval Air Station, Miramar	6 mos to 8 yrs	Yes	Either	Yes	Yes	No	No	No
Naval Air Station, North Island	6 mos to 10 yrs	Yes	Either	Yes	Yes	No	No	No
Naval Air Station, Lemoore	6 wks to 10 yrs	Yes	Either	Yes	No	No	No	No
Puget Sound Naval Shipyard, Bremerton	3 mos to 12 yrs	Yes	Either	No	No	No	No	No
Naval Air Station, Memphis	3 mos to 11 yrs	Yes	Either	No	Yes	No	No	No
Naval Air Station, Barbers Point	3 mos to[3]	Yes	Either	[3]	[3]	No	No	---

Table 36 (Continued)

Base	Age Limits	Handicapped	Drop-in/ Full-time	Reserved D/I	Reserved F/T	Hours Limits Infant	Hours Limits Older	Immunizations Required for Infant Entry
Submarine Base, Pearl Harbor	6 mos to 5 yrs[1] 6 mos to 10 yrs[2]	Yes	Either	Yes	Yes	No	No	---
Naval Station, Pearl Harbor	6 mos to 12 yrs	Yes	Drop-In	---	---	No	No	No
Naval Technical Training Center, Treasure Island	6 mos to 3rd grade	Yes	Either	Yes	Yes	10 hours/week[4]		No
Naval Air Station, Alameda	2 mos to 11 yrs	Yes	Full-time	Yes	Yes	6 hours per day	No	No
Naval Station, Annapolis	3 mos to 11 yrs	Yes	Drop-in	No	No	No	No	No
Naval Air Station, Moffett Field	6 mos to 9 yrs	Yes	Either	Fri. p.m.		No	No	No
Naval Shipyard, Mare Island	6 mos to 9 yrs	Yes	Drop-in	Yes	Yes	No	No	No
Naval Postgraduate School, Monterey	6 mos to ---	Yes	Drop-in	Yes	N/A	No	No	No

[1]Winter

[2]Summer

[3]Upper age limit determined by director. "Reservations will be alloted to working parents one week in advance for the entire week. All other reservations were accepted a maximum of 2 days prior." Quoted from Fules and Regulations.

[4]For more than 10 hours, must pay monthly rate in advance.

column concerns infant acceptance and its contingency on immunization.

Immunization/innoculations are given at different ages (six weeks to six months), and some centers would take children "whenever they have had their shots," or "at six weeks with shots," etc. (See Chapter IV, Infant Care, for further discussion of this topic.)

The lowest age limit was six weeks. Eight centers of the eighteen sampled did not accept children below six months of age. The highest eligible age was twelve years (found at one center). The most common upper age limit was ten years.

All centers indicated they would accept handicapped children. Five centers accepted handicapped children on a drop-in basis only.

5. Usage by Single Parents/Active-Duty Women

Table 37 summarized the usage for full-time care by single parents and active-duty women. Included in the table are the priorities given to these two groups, and cost information. The latter is repeated from Table 33 in order to show the relationship between usage and the cost per week. This relationship could not be conclusively made since usage may be driven by variables other than cost.

Column 1 presents the average number of single parents, who used the center (Bremerton data was provided in terms of percent of the total enrollment). Colume 2 is the

Table 37

USAGE BY SINGLE PARENTS/ACTIVE-DUTY WOMEN

Base	Average Number Single Parents	Percent Single Parents	Average Total Number of Children	Average Number Active-Duty Women	Percent Active-Duty Women	Preferred Treatment Single	Preferred Treatment Active-Duty Women
Naval Air Station, Whidbey Island	10	---	50	5	10	Yes	Yes
Naval Amphibious Base, Little Creek	2-3	3	105	10	9	No	No
Naval Station, San Diego	4	4	100	2	2	Yes	Yes
Naval Air Station, Pensacola	28	15	175-200	35	18	No	No
Naval Air Station, Miramar	10	6	150	7	4	No	No
Naval Air Station, North Island	20	18	90	19	21	1st	2nd
Naval Air Station, Imperial Beach	5-10	18	60	5-10	13	1st	2nd
Naval Air Station, Lemoore	5	8	65	6	9	Yes	Yes
Puget Sound Naval Shipyard, Bremerton	10	10	160	5	5	No	No
Naval Air Station, Memphis	25	10	135	20	14	No	No

Table 37 (Continued)

Base	Average Number Single Parents	Percent Single Parents	Average Total Number of Children	Average Number Active-Duty Women	Percent Active-Duty Women	Preferred Treatment Single	Preferred Treatment Active-Duty Women
Naval Air Station, Barbers Point	6	8	75	7	9	No	No
Submarine Base, Pearl Harbor	10	10	60	12	20	No	No
Naval Station, Pearl Harbor	6	4	165	40	24	No	Yes
Naval Technical Training Center, Treasure Island	5	13	40	3	7	No	No
Naval Air Station, Alameda	3-4	3	125	5-6	4	No	No
Naval Air Station, Moffett Field	5	3	175	5	2	No	No
Naval Shipyard, Mare Island	5	10	50	2	4	No	No
Naval Station, Annapolis	3	6	45-50	5	10	No	Yes
Naval Postgraduate School, Monterey	2	4	45	2	4	No	No

terms of percent of the total enrollment). Column 2 is the proportion that single parents represented of the average total number (in summer) of children shown in Column 3. (The average number for summer was utilized because the quoted number of single parents was determined in the summer months.) Column 4 is the average number of active-duty women who used the center. Column 5 is the proportion that active-duty women represented of the average total number (in summer) of children shown in Column 3.

Column 6 and 7 state whether single parents and active-duty women respectively, had priority over, for example, a military sponsor who wants to use the child-care center.

It is apparent from this table that single parents represent a small proportion of the users of the child-care centers in ths sample. The lowest percent was three percent and the highest was eighteen percent.

Active-duty women also used these centers in relatively low percentages, when compared to the total numbers of children. The lowest percent was two percent and the highest percent was twenty-four percent.

6. Staffing of Child-Care Centers

Table 38 summarizes the number of full-time and part-time staff at each center, their wages per hour, (high and low) and the average number of children per day in winter. The latter is repeated data for comparison purposes.

Table 38

NUMBERS AND WAGES OF STAFF

Base	FULL-TIME Number	FULL-TIME Low Wage Per Hour	FULL-TIME High Wage Per Hour	PART-TIME Number PT*	PART-TIME Number IM*	PART-TIME Low Wage Per Hour	PART-TIME High Wage Per Hour	Number Hours Per Week	Average of Children Winter	UA of Director[1]
Naval Air Station, Whidbey Island	6	$3.65	$4.52	9	---	$3.50	$3.65	20-30	150	6
Naval Amphibious Base, Little Creek	4	3.80	4.01	5	5	3.25	6.00	20	75	---
Naval Station, San Diego	19	3.17	3.78	13	---	3.17	3.58	25-30	145	7
Naval Air Station, Pensacola	9	3.66	4.01	4	17	3.98 3.10	3.98 3.55	20	200	8
Naval Air Station, Miramar	2	3.44	3.72	25	2 reg	3.44	3.72	20-34	150	6
Naval Air Station, North Island	8	3.44	4.01	2	---	3.44	4.01	25	---	---
Naval Air Station, Lemoore	2	3.96	---	7	---	3.44	4.00	35	90-95	5
Puget Sound Naval Shipyard, Bremerton	3	3.10	3.89	25	---	3.10	3.89	19-1/2	160	6
Naval Air Station, Memphis[2]	6	3.39	---	14	11	3.23	3.69	32	209	6
Naval Air Station, Barbers Point	3	3.10	4.45	10	---	3.10	3.20	30	75	---

Table 38 (Continued)

Base	FULL-TIME Number	FULL-TIME Low Wage Per Hour	FULL-TIME High Wage Per Hour	PART-TIME Number PT*	PART-TIME Number IM*	PART-TIME Low Wage Per Hour	PART-TIME High Wage Per Hour	Number Hours Per Week	Average of Children Winter	UA of Director[1]
Submarine Base, Pearl Harbor[3]	5	$3.10	---	5	---	$3.10	$3.64	5-1/2	60	5
Naval Station, Pearl Harbor	15	3.53	$8.53	9	---	3.53	4.23	34	140-200	---
Naval Technical Training Center, Treasure Island	7	4.40	4.58	3	---	4.40	4.50	22	60	5
Naval Air Station, Alameda	17	3.92	4.57	3[4]	---	3.92	4.57	12	80-95	5
Naval Air Station, Moffett Field	19	3.56	5.89	2	2	3.56	5.48	30	290	8
Naval Shipyard, Mare Island	9	3.10	6.69	4	1	3.10	4.64	17	65-70	7
Naval Station, Annapolis	4	3.20	4.05	12	---	3.20	4.05	15-20	55-60	6
Naval Postgraduate School, Monterey	12	3.10	5.50	4	---	3.10	4.50	5	55-60	5

* "IM" refers to part-time employees who were unscheduled and "on call". "PT" refer to part-time scheduled employees. They did not work a 40-hour week.

[1]"UA" refers to the paygrade level for non-appropriated employees. At the time of the survey, most employees of Special Services (Morale, Welfare and Recreation) were paid non-appropriated funds.

[2]No hourly rate was given. Director received $14,000 per year.

[3]No hourly rate was given. Assistant Director received pay level UA-5.

[4]On call.

Column 5, labelled "IM" refers to the use of intermittent employees--a practice reported in the five centers. "Regy" in the same column (Miramar) refers to a local employment program.

The average low wage for a full-time staff member was $3.47 per hour. The average highest wage, based on 15 centers, was $4.81. The average low wage for part-time staff was $3.40 per hour, the average high wage, $4.15. (The latter includes the wages stated for Pensacola intermittent staff.)

7. Education and Training Levels of Staff

Table 39 summarizes the formal education or training levels of the staff. This table may be somewhat inaccurate because the question asked for training levels instead of "education and training" levels.

8. Desired Staff Qualifications and On-The-Job Training

Table 40 summarizes the staff employment qualifications desired by the directors and the on-the-job training held for staff.

9. Buildings, Number of Years in Operation, Base Instructions

Table 41 summarizes information about the buildings in which the sampled centers were located. Column 1 concerns whether the building could be classified as an old, wooden barracks or as an other old building such as World War II quonset hut. Column 2 states whether the building

Table 39

EDUCATION/TRAINING LEVEL OF STAFF

- Naval Air Station, Whidbey Island

  Six out of fifteen had gone beyond High School.

- Naval Amphibious Base, Little Creek

  Most attendants had up to five children of their own. Most had had First Aid or CPR STEP program.

- Naval Station, San Diego

  One-third had Associate degree in child development. Two-thirds had taken child development courses -- twelve hours

- Naval Air Station, Pensacola

  Some had college degrees or college credits. Some attend courses at present. Nine out of eleven full-time had beyond High School. Seven out of forty part-time had beyond High School.

- Naval Air Station, Miramar

  One Associate degree, five BA/BS, three Montessori Certified, three enrolled in Montessori training courses. Director has a BS in Education. Cashier is in college. Enrichment Head Teacher has a BA in Education. Day-care staff: One has an AA in Child Development plus one-and-a-half years beyond. Two were in college.

- Naval Air Station, North Island

  Enrichment teacher had an AA in Child Development and was a licensed director with experience. Director had a BS in Education plus three years teaching experience and twenty-four credits in Special Education. New director had a BA in Elementary Education. Part-time employees: three of five were enrolled in classes; two had Associate degrees; one had MA in social work.

- Naval Air Station, Lemoore

  Director had fifteen hours in Psychology and Child Development. Preschool teacher had BA in Child Development. One staff member had a BA and one had three credits in Child Development.

Table 39 (Continued)

- Naval Air Station, Moffett Field

  Director had an MA in Elementary Education with concentration in Early Childhood. Assistant director had a BA. One staff member had an MA in Social Work; one, a BA in Child Development; and one is taking courses in Child Development.

- Naval Shipyard, Mare Island

  Employee records were not available to director.

- Naval Postgraduate School, Monterey

  One Associate degree in Humanities/Liberal Arts (part-time). One BA in in Special Education plus one hour in Social Sciences. One was enrolled in college (part-time).

- Puget Sound Naval Shipyard, Bremerton

  Director had taken Early Childhood classes. Three staff members had taken some Early Childhood Development classes. Others ranged from three months to four years of college.

- Naval Air Station, Memphis

  Some had college; the majority of staff had high school diplomas only.

- Naval Air Station, Barbers Point

  One registered nurse.

- Submarine Base, Pearl Harbor

  One Associates degree in Accounting; one BA and 27 hours toward MA in Child Development; one BA in History with teaching background; one two-year college in Police Science. The director had a BA. (Five staff members were attending Early Childhood Development studies program at the community college.)

- Naval Station, Pearl Harbor

  None stated.

Table 39 (Continued)

- Naval Technical Training Center, Treasure Island

  Ranges from BA in Child Development to high school diplomas for part-time staff. There is a California Children Center permit and a multi-subject teaching credential.

- Naval Air Station, Alameda

  Either have previous experience in other day-care settings or early education credential. Special training--had attended child-care symposium. Director had BA in Physical Education and some child development courses.

Table 40

DESIRED STAFF QUALIFICATIONS
AND
ON-THE-JOB TRAINING

Base	Desired Qualifications	On-The-Job-Training
Naval Air Station, Whidbey Island	Previous experience and education; love for children.	First aid, CPR.
Naval Amphibious Base, Little Creek	Not stated.	First aid, CPR.
Naval Station San Diego	Six months experience; child development course background.	CPR, child abuse.
Naval Air Station, Pensacola	Expressed thoughts on children. Neat/clean appearance. Not shy/ enthusiastic. Talks directly to interviewer.	CPR, first aid, food handlers course.
Naval Air Station, Miramar	Child enrichment; leaders required to have twelve hours in Early Childhood Education. No requirements for day-care staff. Look for experience or courses.	First aid (two staff in September).
Naval Air Station, North Island	Early childhood course; six months experience; how children react with person for approximately thirty to sixty minutes in a group.	Encouraged to attend San Diego City Preschool Association workshop. Multimedia first aid. Instruction for cook; CPR.

Table 40 (Continued)

Base	Desired Qualifications	On-The-Job-Training
Naval Air Station, Lemoore	Experience in day-care/ nursery; experience with children.	CPR, first aid.
Puget Sound Naval Shipyard, Bremerton	Prefer training in early childhood; main preferance is a liking for children. "Liking and love go a long way."	CPR, first aid (recommended, but not required). Use films and study guide from Professional Management course. E.C.E.[2] classes paid for staff by MWE.
Naval Air Station, Memphis	Experience in Scouts civilian child care, nursing background.	Structured staff training by program coordinator beginning August 1980.
Naval Air Station, Barbers Point	Teachers or nurses preferred. Day care or nursery experience.	Red Cross course.
Submarine Base, Pearl Harbor	Background and education level related to caring for children or related field (nursing, teaching experience, volunteer).	First aid, CPR, Early Childhood Development workshops.
Naval Station, Pearl Harbor	Experience and education in child care.	General Information booklet geared for this center.
Naval Technical Training Center, Treasure Island	Child Development courses experience with children.	CPR, first aid, workshops pertaining to early childhood tri-military project.

Table 40 (Continued)

Base	Desired Qualifications	On-The-Job-Training
Naval Air Station, Alameda	Education or experience in field or early childhood.	Fire safety, fire drill procedures, first aid from base Fire Department; staff meeting with Disaster Preparedness Team.
Naval Air Station, Moffett Field	Experience with children; some sort of course work dependability, social skill for good staff relations; receptivity to direction and guidance.	Fire extinguisher use (semi-annually). Baby exercise for infant staff. First aid. teacher training, one hour San Francisco seminars on child development.
Naval Shipyard, Mare Island	Most experienced person.	Child abuse; family stress.
Naval Postgraduate School, Monterey	Not asked by author.	On-the-job training given by director or experienced employees.
Naval Station, Annapolis	Child-care background; general experience with children preferred, but no pre-requisites.	First aid.

Table 41

BUILDINGS/NUMBER YEAR IN OPERATION/BASE INSTRUCTION

Base	Wood Barracks, Old Buildings, Quonset Huts	Condemned	Year Built	Years in Operation	Existance of an Instruction
Naval Air Station, Whidbey Island	Yes	No	WWII	30	Yes
Naval Amphibious Base, Little Creek	Yes	No	Before 1960	8	Yes
Naval Station, San Diego	Yes	No	WWII	2	No
Naval Air Station, Pensacola	Yes	No	Before	40	Yes
Naval Air Station, Miramar	Yes	No	WWII	18-20	Yes
Naval Air Station, North Island	Yes	No	Before	+5	Yes[1]
Naval Air Station, Lemoore	New Concrete[2]	No	1970?	17	Yes
Puget Sound Naval Shipyard, Bremerton	Old Brick Barracks	No	WWII	14	Yes
Naval Air Station, Memphis	Yes	No	1942	25	Yes
Naval Air Station, Barbers Point	Yes	---	---	---	No

Table 41 (Continued)

Base	Wood Barracks, Old Buildings, Quonset Huts	Condemned	Year Built	Years in Operation	Existance of an Instruction
Submarine Base, Pearl Harbor	Yes	Yes	Late 1950s	25	Yes
Naval Station, Pearl Harbor	New, Modern	No	1970s	+30	No
Naval Technical Training Center, Treasure Island	Yes	No	WWII	8	Yes
Naval Air Station, Alameda	Yes	Yes	WWII	10	Yes
Naval Air Station, Moffett Field	Yes	Yes	WWII	Unknown	No
Naval Shipyard, Mare Island	Yes	Yes	WWII	1949	No
Naval Station, Annapolis	New building	No	1972	8	Yes
Naval Postgraduate School, Monterey	Yes	No	WWII	29	Yes

[1]Being written, so not available to author.

[2]Child-care center is in converted womens' dressing room for swimming pool.

was condemned. Columnn 3 shows the year or period when the building was built. Column 4 gives the number of years that the base child-care center had been in operation, although not necessarily in the present building. Column 5 tells whether a base instruction to govern the operation of the child-care center had been promulgated. The author requested that such a base instruction be mailed with the questionnaire. Hyphens indicate the information was not requested due to telephone difficulties.

Fifteen buildings were considered old or old-wooden buildings; four were condemned. (The Moffett Field center had two buildings, one of which was condemned). Eight centers have operated fourteen years or more. Five centers did not have base instructions governing the child-care center.

10. Snack/Meal Service

Table 42 concerns the snacks and meals served at the child-care centers. Column 1 shows the number of snacks served per day. Column 2 concerns the serving of Koolaid, milk and juice (100% juice or other).

Column 3 concerns the serving of meals and the bringing of lunch by the children. Column 4 states whether the center cooked its meals on the premises or used canned or other prepared foods. Column 5 and 6 indicate if breakfast or lunch is served. Column 7 indicates whether or

Table 42

FOOD SERVICE

Base	Number of Snacks	Beverage Type[1]	Lunch Brought/ Served	Type of Preparation	Breakfast	Dinner	Participant in USDA Food Service Program
Naval Air Station, Whidbey Island	2	M	Served	Canned	No	No	No
Naval Amphibious Base, Little Creek	2	M,J	Both	Cooked	No	No	No
Naval Station,[2] San Diego	2	K	Served	---	No	No	No
Naval Air Station,[3] Pensacola	3	M	Served	Cooked	---	Yes	---
Naval Air Station, Miramar	2	M	Brought	N/A	No	No	---
Naval Air Station, North Island	2	M,K	Served	Cooked	No	No	No
Naval Air Station, Lemoore	2	M,J	Brought	N/A	No	No	No
Puget Sound Naval Shipyard, Bremerton	2	M,K	Both	Pre-prepared	Yes	No	No
Naval Air Station,[4] Memphis	2	K	Served	Cooked	Yes	Friday	No
Naval Air Station, Barbers Point	2	---	Served	Cooked	No	No	No
Submarine Base, Pearl Harbor	2	M,J	Served	Cooked	No	No	Yes

Table 42 (Continued)

FOOD SERVICE

Base	Number of Snacks	Beverage Type[1]	Lunch Brought/ Served	Type of Preparation	Breakfast	Dinner	Participant in USDA Food Service Program
Naval Station, Pearl Harbor	2	---	Served	Cooked	Yes	Yes	No
Naval Technical Training Center, Treasure Island	2	M,J	Brought	N/A	No	No	No
Naval Air Station, Alameda	2	M,J	Brought	N/A	No	No	No
Naval Air Station, Moffett Field	2	M,J	Served Full-time	Cooked	No	Friday	No
Naval Shipyard, Mare Island	2	J	Served	Cooked	No	No	No
Naval Postgraduate School, Monterey	2	K	Served	Cooked	No	No	No
Naval Station,[5] Annapolis	3	M,K,J	Served Wed & Th only	Cooked	Yes	No	No

[1]M = Milk; J = Juice; K = Koolaid.

[2]Had just started hot lunch program.

[3]Milk is served every morning with snacks. Center is just beginning to serve breakfast because children were bringing breakfast items. Survey of 70 full-time parents found 50 who desired breakfast. Director had information about USDA, but was discouraged by "too much paperwork."

[4]All meals from enlisted galley.

[5]Had applied and was not qualified.

not the center participated in the U.S. Department of Agriculture's Food Service Program.

All centers served at least two snacks per day. Fourteeen centers served the noon meals. One of these served lunch only on Wednesdays and Thursdays. Eleven centers cooked meals; one used only pre-prepared because of the lack of dishwashing facilities; and one served meals from the enlisted dining facility. Four served dinner every evening; two more served dinner only on Friday night. Only one center participated in the U.S. Department of Agriculture Food Service Program.

11. Health and Fire Safety

Table 43 summarizes the information concerning fire readiness of the surveyed centers. Column 1 shows whether or not monthly visits were made to the centers by medical or sanitation personnel. Column 2 and 3 concern the number of visits made by the base fire marshall per year and when the last visit was made as reported by the director of each center. Columns 4 and 5 concern whether written fire plans existed for the building(s) housing the center and whether fire plans were posted in each room. Column 6 shows which centers had complete evacuation fire drills and how many times per year these were held. Column 7 (repeated for convenience) concerns wooden building construction.

In the survey, the directors were asked if the center met fire and safety code as directed by the Navy.

Table 43

HEALTH AND FIRE SAFETY
(Data Collected June to October 1980)

Base	Monthly Visits by Medical each Year	Number of Visits by Fire Marshall each Year	Last Visit of Fire Marshall	Written Fire Plan for Building	Fire Plan Posted in each Room	Number of Evacuation and Fire Drills each Year	Old/Wooden Structure?	Center meets Child-care Center's Safety Codes?	Sprinklers in Building?
Naval Air Station, Whidbey Island	Yes	12	1 week ago	Yes	Yes	12	Yes	Yes	No
Naval Amphibious Base, Little Creek	Yes[1]	12	09-10-80	No	No	---[2]	Yes	Yes	Yes
Naval Station, San Diego	Yes	12-15	09-00-80	No	No	6	Yes	Yes	Yes
Naval Air Station, Pensacola	Yes	12	last month	Yes	Yes	12	Yes	Yes	Yes
Naval Air Station, Miramar	Yes	12	10-09-80	No	No	12	Yes	Yes	Yes
Naval Air Station, North Island	Yes	1	03-00-80	Yes	Yes	12	Yes	No	No
Naval Air Station, Lemoore	Weekly	12	10-00-80	Yes	No	12	Yes	No	No
Puget Sound Naval Shipyard, Bremerton	---[3]	26-50	Yesterday	Yes	Yes	12	No	No	No
Naval Air Station, Memphis	Yes	12	08-00-80	Yes	---[4]	12	Yes	Yes	Yes
Naval Air Station, Barbers Point	Yes	---	---	No	No	---	No	Think So	---
Submarine Base, Pearl Harbor	Yes	---[5]	---	Yes	No	4	Yes	Yes	No
Naval Station, Pearl Harbor	Yes	12	09-00-80	No	No	---	---	---	---
Naval Technical Training Center, Treasure Island	Yes	12	09-29-80	Yes	Yes	---	No	Yes	---
Naval Air Station, Alameda	Yes	12	09-00-80	Yes	Yes	8-10	Yes	No	No
Naval Air Station, Moffett Field	Yes	12	Today	No	No	12	Yes	No	Yes
Naval Shipyard, Mare Island	Yes	12	09-11-80	No	No	12	Yes	One yes; one no	One yes; one no
Naval Postgraduate School, Monterey	Yes	12	Two weeks ago	No	No	None	Yes	Yes	Yes
Naval Station, Annapolis	Yes	12	10-07-80	Yes	Yes	12	No	Yes	---[6]

[1] Weekly.

[2] Have them, last one 1-1/2 months ago.

[3] Every few months.

[4] In hallway only.

[5] Quarterly.

[6] Being installed.

Quotation marks in Column 8 indicate the exact answer given by the director of the center. Column 9 gives information about the existence of sprinklers in the center buildings.

All but one of the eighteen centers in the survey were visited at least monthly by medical or sanitation personnel. Fourteen centers had monthly visits by the base fire marshall. Eleven centers had a written fire plan for the building. Eight centers had fire plans posted in each room. Eleven centers (of sixteen centers who were asked) had monthly evacuation fire drills. Ten centers met fire and safety codes. Eight centers had sprinkler systems.

12. Infant Care: Ages, Staff, and Maximum Capacity

Table 44 summarizes infant care in the sampled centers. Column 1 gives the age levels of "infants" who are grouped together by the center. Column 2 is the maximum number of staff for the maximum number of infants shown in Column 3. Column 4 provides the approximate dimensions of the infant room. Column 5 provides the appropriate square footage as computed from Column 4. Column 6 states whether the centers have any rocking chairs in the infant area. Column 7 states the total number of cribs in each center (includes all cribs, not just those in the infant area). Column 8 is the adult/infant ratio as computed using data from Columns 2 and 3.

The maximum number of staff in any one infant area was 10; the average was 3.5. The maximum number of infants

Table 44

INFANT CARE
(Ages, Staffing, Ratios)

Base	Age	Maximum Number Staff[1]	Maximum Number Capacity	Room Size (Feet)	Square Feet	Rocking Chairs	Number Cribs	Caregiver/ Infant Ratio
Naval Air Station, Whidbey Island	2 mos to 2 yrs	4	10	15 x 25	375	---	14	1 to 2.5
Naval Amphibious Base, Little Creek	6 wks and up	5	30	60 x 80	4800	No	57	1 to 6
Naval Station, San Diego	2 mos to 2 yrs	7	40	48 x 36	1728	Yes	40	1 to 5.7
Naval Air Station, Pensacola	6 wks to 2 yrs	10	50	39 x 72	2808	---	36	1 to 5
Naval Air Station, Miramar	6 mos to 24 mos	4	24	20 x 40	800	No	15[2]	1 to 6
Naval Air Station, North Island	6 mos to 13 mos	2	12	20 x 35	700	Yes	15	1 to 6
Naval Air Station, Lemoore	6 wks to 9 mos	1	10	18 x 25	450	No	10	1 to 10
Puget Sound Naval Shipyard, Bremerton	3 mos to 15 mos	3	14	12 x 30	360	No	14	1 to 4.6
Naval Air Station, Memphis	3 mos to 18 mos	3	24	14 x 78	1092	Yes	24	1 to 8
Naval Air Station, Barbers Point	3 mos to 12 mos	2	9	20 x 30	600	No	12	1 to 4.5

Table 44 (Continued)

INFANT CARE
(Ages, Staffing, Ratios)

Base	Age	Maximum Number Staff[1]	Maximum Number Capacity	Room Size (Feet)	Square Feet	Rocking Chairs	Number Cribs	Caregiver/ Infant Ratio
Submarine Base, Pearl Harbor	6 mos to 18 mos	2	10	15 x 20	300	No	7	1 to 5
Naval Station, Pearl Harbor	6 mos to 1 yr	2-3	14	40 x 40	1600	No	15	1 to 5
Naval Technical Training Center, Treasure Island	6 mos to 2 yrs	2	14	10 x 46	460	No	13	1 to 5
Naval Air Station, Alameda	2 mos to 18 mos	4	20	12 x 60	720	No	21	1 to 5
Naval Air Station, Moffett Field	6 mos to 14 mos	3	20	40 x 40	1600	No	23	1 to 6.6
Naval Shipyard Mare Island	6 mos to 2 yrs	3	18	16 x 35	560	No	18	1 to 6
Naval Postgraduate School, Monterey	6 mos to 2 yrs	3	15	20 x 35	700	No	15	1 to 5
Naval Station, Annapolis	6 wks to 15 mos	2	15	12 x 2		No	15	1 to 7.5

[1]Maximum number of staff is for stated maximum capacity.

[2]Some of these cribs are in toddler areas.

stated as the maximum capacity was 50; the lowest maximum capacity was 9; and the average was 19.2. Twelve of eighteen centers had fourteen or more infants given as maximum capacity.

No conclusions were drawn concerning the room size because the dimensions are approximate. Three centers had rocking chairs in the infant area.

No conclusions were drawn concerning the number of cribs because cribs in other areas were included in this number.

The caregiver/infant ratio ranged from 1 to 2.5 to 1 to 10. The average was 1 to 5.7.

13. Extended Day Care

Table 45 is a summary of the extended day care programs at the child-care centers. Column 1 shows which centers had extended day-care programs for kindergarteners and above. Columns 2 and 3 concern the monthly cost to parents. Column 4 shows the average number of children involved in the extended programs. Column 6 shows whether transportation to and from school is provided.

Fourteen centers reported having extended day care. Five centers had weekly or monthly rates established for such care. Eleven centers had children in extended day care. Seven centers were on the school bus route for pick-up.

Table 45

EXTENDED DAY CARE

Base	Existing Program	Cost Kindergarten	Cost 1st Grade/Up	Average Number Children	Transportation Provided
Naval Air Station, Whidbey Island	Yes	$20.00/week	$ 1.00/hour/ $20.00/week	13	Yes
Naval Amphibious Base, Little Creek	If needed	$ 0.75/hour	$ 0.75/hour	0	No
Naval Station, San Diego	No[1]	---	---	---	---
Naval Air Station, Pensacola	Yes	$ 0.65/hour	$ 0.65/hour	14	Yes
Naval Air Station, Miramar	Yes	$74.00/month	$ 0.85/hour	19	Yes
Naval Air Station, North Island	Yes	$15.00/week	$15.00/week	15	No[2]
Naval Air Station, Lemoore	No	---	---	---	No[3]
Puget Sound Naval Shipyard, Bremerton	Yes	$40.00/5 hours	$15.00/week	10	Yes
Naval Air Station, Memphis	Yes	$ 0.75/hour	$ 0.75/hour	18-25	Yes
Naval Air Station, Barbers Point	Yes--p.m.	---	---	---	---
Submarine Base, Pearl Harbor	Yes	---	---	---	No

Table 45 (Continued)

EXTENDED DAY CARE

Base	Existing Program	Cost Kindergarten	Cost 1st Grade/Up	Average Number Children	Transportation Provided
Naval Station, Pearl Harbor	Yes	---	---	---	---
Naval Technical Training Center, Treasure Island	Yes	$80.00/month	$40.00/month	15	No
Naval Air Station, Alameda	Yes	$ 1.75/hour	$ 1.15 month	75	No[3]
Naval Air Station, Moffett Field	Yes	$72.00/month	$54.00/month	75	Yes
Naval Shipyard, Mare Island	Yes	$25.00/week	$25.00/week	15	No
Naval Postgraduate School, Monterey	No	---	---	---	---
Naval Station, Annapolis	Yes	$0.95/hour 1st child	$ 0.95/hour 1st child	15-20	Yes

[1]Director stated "drop-in" only.

[2]School is adjacent, bus not needed.

[3]Space for program, but school system will not provide bus service.

[4]Director stated that this is only by reservation and "no drop-in care for school age is available."

14. Playgrounds and Equipment

Table 46 describes the play areas at the child-care centers in the sample. The descriptions are either direct quotes from the survey questionnaires answered by the directors or result from observations made by the author during on site visits. The following two questions were asked:

a. Please describe the outdoor play equipment you have (i.e., number of slides, number of tricycles, number of swings, spring animals, plastic swimming pools, and sand boxes, etc.).

b. Please describe the outdoor play areas for each group you have (i.e., none for infants, combined area for toddlers and 3-4 year-olds) Please note if grass, sand, or asphalt, and approximate size of spaces.

Naval Air Station, Pensacola had the longest list of playground equipment; Naval Air Station, Lemoore had no equipment on its playground, except covered picnic tables and a few spring animals. In the latter case, the swings and slides had been removed due to accidents.

15. Indoor Play Equipment

Table 47 describes the indoor play equipment of the child-care centers in the survey. The descriptions are all direct quotes from the survey questionnaire as answered by the directors. Sinks, refrigerators, stoves, etc., refer to child-size play equipment.

The information shown in this table was in answer to the following question:

Table 46

OUTDOOR PLAYGROUNDS AND EQUIPMENT

- Naval Air Station, Whidbey Island

  One grass and sand lot used at different times for different ages: three slides, two swing sets, "covered wagon", bounceabout, several climbing toys.

- Naval Amphibious Base, Little Creek

  Three sand lots: 100 x 50 feet, 100 x 100 feet, 40 x 60 feet. Equipment: swings, sliding boards, seesaws, riding horses, monkey bars, spider climbers, jungle gym, igloo climber.

- Naval Station, San Diego

  One asphalt and astroturf for tiny-tots (3000 square feet). One asphalt area (6000 square feet for two years and up); one infant area (600 square feet). All areas have protective padding. One slide (high), eight rockers, one climber, four teeter-totters, two swing-sets, one merry-go-round, one climbing turtle.

- Naval Air Station, Miramar

  Combined grass area for infants and toddlers, 60 x 60 feet; child enrichment has an asphalt area and older day-care has asphalt area. Older day-care and child enrichment share a large grass area. Two swing sets, two slides, two sandboxes, eight tricycles (eight more on order), eight bouncer toys, one jungle gym, one fort, one rabbit hutch, one wood fort, one eagles' nest, one wagon, three trikes, one wheelbarrow. Small toys on order for toddlers; balance plank, stagecoach, 4 x 4 foot climbing car, up and down crawl through.

- Naval Air Station, North Island

  One toddler play area, 20 x 20 feet, carpeted. One sand lot, 60 x 60 feet; one grassy area with play equipment, 75 x 60 feet. Each center has an up-down crawl through, outdoor fun house with slide-swing-gym set with four swings; three wonder horses, balance beams, circle climbers, top whirls, spin-the-tops.

- Naval Air Station, Lemoore

  One grass and dirt area for all ages, approximately

100 x 250 feet. One covered picnic table area. Equipment: three spring animals, two parachutes, sprinklers, four plastic swim pools.

- Puget Sound Naval Shipyard, Bremerton

  One grassy area, 57 x 53 feet, for toddlers to three years: one slide, four spring animals, one geodome, one climbing turtle. One grassy area, 57 x 55 feet, for three years up: one combination ladder, slide, bridge, crawl through, one large geodome.

- Naval Air Station, Memphis

  Four grassy areas: one infant, one toddler, two drop-in for two-and-one-half to eleven years. Equipment: two high slides, two low slides, three eagles' nest climbers, one merry-go- round, four sandboxes, eight rocking animals, two bars, one climbing dome.

- Naval Air Station, Barbers Point

  Four grassy areas (not watered): Toddler, two year-olds, three year-olds, four to five year-olds. Lots of equipment including a toddler slide, stage coach, spring animals and climbing toys.

- Submarine Base, Pearl Harbor

  Three areas including grassy infant area to be fenced for use. One sandlot with big toy climber, merry-go-round, swings, tires, three jungle gyms, one concrete bike area, twenty tricycles.

- Naval Technical Training Center, Treasure Island

  One grassy area for infants and toddlers, 50 x 75 feet; one for three to seven year-olds, 50 x 150 feet, one preschool yard, 50 x 75 feet. Two slides, two toddler swings, one turtle, one playhouse, two spring animals.

- Naval Station, Annapolis

  One toddler grass area, 8 x 24 feet; one for preschools with grass; one for school age, 50 x 50 feet; none for infants. Equipment: two large slides, one stage coach, two swing sets, riding toys.

- Naval Station, Pearl Harbor

  One large covered sandbox, approximately 80' x 140'. Two beautiful grassy areas, 250' x 350' and 350' x 100'. One grassy play-yard for toddlers, 75' x 100' (for one to two year-olds). One lanai, 50' x 50' covered, with astroturf deck. Equipment: seven spring animals, three slides, one tether ball, three tiri swings, three tunnels, eight hula hoops, four jump ropes, two ring toss, one baseball and bat, sand toys and riding toys.

Table 47

LARGE PLAY EQUIPMENT--INDOOR

- Naval Air Station, Whidbey Island

  Two slides, seven riding toys, three stoves, three refrigerators, three sinks, numerous wooden and plastic blocks, plastic toys, Leggos, Bristle blocks, puzzles (wooden and cardboard).

- Naval Amphibious Base, Little Creek

  Eight indoor slides, ten rodeo rockers, various trucks, cars, animals, blocks, coloring items, music, art, etc.

- Naval Station, San Diego

  For tiny tots: one set of interlocking blocks, two sets interlocking squares, one set plastic blocks, twelve sets peg boards, twenty puzzles, rythm instruments (six sets), one set flannel board letters, number shapes, two wooden trucks, one Tonka truck, piano, record player.

- Naval Air Station, Miramar

  For infants: one set blocks, one small climber, two slide, two walkers, one slide. For toddlers: one small climber with slide, one stove, one refrigerator, one sink, two sets large plastic blocks, one bouncing horse, four riding cars, one record player, one sand/water tale. For older children: two small wood block sets, one large wood block set, one record player, two riding cars, two set snap blocks, two tumbling mats.

- Naval Air Station, North Island

  In each center there is one large climber, one indoor gym/slide, one preschool climber with slide.

- Naval Air Station, Lemoore

  Five riding toys, one large foam form block set, one indoor slide, three painting easels, one telephone booth, six stoves, one ironing board, one mailbox, two doll cradle, one mirror, one child's table.

- Puget Sound Naval Shipyard, Bremerton

  Four rocking horses, ten tricycles, one slide with crawl through barrell, four sets large blocks, one sand/water

Table 47 (Continued)

LARGE PLAY EQUIPMENT--INDOOR

table, five large wooden trucks, one kitchen set. For preschool: styrofoam blocks, and parallel bars.

- Naval Air Station, Memphis

  Three wood boat-type rockers, two push-type single wooden toys on wheels, one wooden teeter-totter, two climbing and slides (wood), one toddler-sized climber with slide, two VW tires, one wooden balance beam.

- Naval Air Station, Barbers Point

  One climbing gym, three slides, one child's stove-sink.

- Submarine Base, Pearl Harbor

  "Extremely limited." One indoor slide, one set plastic blocks, one set wood blocks.

- Naval Station, Pearl Harbor

  Toys of all kinds (keeping safety in mind). Many books, plastic toys, dolls, building blocks, flannel- and blackboards, and puzzles. Excellent weather and, therefore, more outdoor equipment.

- Naval Technical Training Center, Treasure Island

  One climber, one nautilus, one toddler slide, two sets large blocks, two woodworking benches, one water table, fifteen large children's tables, three sets of housekeeping equipment, one large playhouse, room divider shelves, four record players, one piano, seven sets of children's lockers.

- Naval Air Station, Alameda

  One infant slide, two large wooden nautiluses, one large round plastic crawl slide, two canvas tunnels.

- Naval Air Station, Moffett Field

  Infant/toddler room: two climb-in cubes, one rocking horse, one wood rocking boat. Rainbow room (older toddlers): two rocking boats. Yellow room (three-and-a-half to four year-olds): one large wooden slide, one set hollow wood blocks, one television, one small wood

block set, one counting rack, metal refrigerator, sink, stove, one set large plastic blocks. Green room (4-1/2 to 5 years preschool): one set plastic blocks, one set wood blocks, two child's table (for play), train tracks, nine puzzles, one child-sized cabinet, dress-up clothes, one piano, one fish tank, one television, one rice table, two plastic ladders. Blue room: one sand table, two dishpans, Leggos.

- Naval Postgraduate School, Monterey

  Director stated the center had no large indoor play equipment.

- Naval Station, Annapolis

  Two slides, two large sets of blocks, two small sets of blocks, kitchen set (wood five pieces). Classroom equipment: five tables, thirty-five chairs. Preschool: twelve large desks, twenty-five cots, thirty mats. Assorted toys, projector, rhythm bank sets, phonograph, tape cassette, ropes, bookcase, two barrels, two slides, rocking board, reading area, tables/chairs, playhouse area, arts and crafts area, and monkey bars.

- Naval Air Station, Pensacola

  Three jump chairs, two rollabouts, two rocking boats, two rolly-polly, one small slide, six animal rollabouts, one small gym set with slide and balance disk. Inside space not available for such equipment.

Please describe the large indoor play equipment you have (like the number of indoor slides, riding toys, blocks, telephone booth, child's stove, etc.).

16. Preschool/Enrichment Programs and Summer Programs

Table 48 summarizes the preschool/enrichment and summer programs at the centers in this sample. The information presented is in answer to the following two questions:

a. Do you have a preschool program? If so, please describe it (age, hours, staff, program, etc.).

b. Do you have a summer program for school-age children? If so, please describe the staff, program, and cost.

17. Financial Self-Sufficiency of the Centers

All of the base child-care centers which were included in this survey were operated by the Morale, Welfare and Recreation Department (Special Services) except Naval Air Station, Barbers Point Sitter Service, which was in the process of being taken over by Special Services.

Table 49 is a summary of how self-sufficient the child-care centers were expected to be in each fiscal year when asked (during June to October 1980) and how self-sufficient they actually were in the previous fiscal year.

18. Boards of Advisors and State Licensing

Table 50 presents data concerning the existence of Boards of Advisors or Parent Advisory Boards, and whether centers have state licenses.

Three centers had Board of Advisors; none had state licenses.

Table 48

PRESCHOOL ENRICHMENT AND SUMMER PROGRAMS

Base	Preschool Enrichment	Summer
Naval Air Station, Whidbey Island	Age 3: 1 morning and 1 afternoon class. Age 4: 2 morning and 2 afternoon. Staff of 3: 20 children to a class. A.M. 0900-1130; P.M. 1300-1530. Games, songs, cutting, pasting, painting, numbers, seasons.	None.
Naval Amphibious Base, Little Creek	None as such. Regulars have some art, music and math. Books with records.	None.
Naval Station, San Diego	Build into tiny-tots structured programs.	None.
Naval Air Station, Pensacola	Apparently an enrichment program for daily children who do not attend preschool and for drop-ins and a preschool program. Every day from 0900-1145 as is the preschool.	Summer program of arts, crafts, organized games for inside and outside, reading, story books and music, records, folk dancing, nature and field trips on NAS, exercise, table games, etc. 0900-1130, Monday through Friday.
Naval Air Station, Miramar	Winter; 6 classes 0900-1130; 4 classes in afternoon. Strongly influenced by Montessori methods with large quantity of Montessori materials.	Yes, if sufficient demand.

Table 48 (Continued)

PRESCHOOL ENRICHMENT AND SUMMER PROGRAMS

Base	Preschool Enrichment	Summer
Naval Air Station, North Island	3 year olds: 0830-1200, 2 days. 4 year olds: 0830-1200, 3 days. Exposure to alphabet, counting, numbers, number concepts, science, cooking, nursery rhymes. Field trips when possible.	Yes. Includes field trips to base bowling alley, beach, skateboard area, etc. 2 staff; maximum 25 children.
Naval Air Station, Lemoore	Ages 3-5; 8:30-11:30. One teacher to one aide. Well-equipped with a large room in a separate building. Separate play areas.	No.
Puget Sound Naval Shipyard, Bremerton	Year-round swimming program for children 4-1/2 and up. Cost is $1.00 per class. Center shows movies 2 times a week. Preschool is for ages 3 and up. They, among other things, go on base to base facilities such as library. There are 2 staff per group of 15.	Same, but more field trips.
Naval Air Station, Memphis	Six classes: 2-1/2 to 5 years of age. 0800-1200, three or five days per week. A well-planned and versatile program. Parent letter and monthly calendar describing and informing about units studied weekly. Curriculum and special weekly. Curriculum and special events with parent involvement. Parties, programs,	Not asked.

Table 48 (Continued)

PRESCHOOL ENRICHMENT AND SUMMER PROGRAMS

Base	Preschool Enrichment	Summer
Naval Air Station, Memphis (Continued)	field trips in the classroom. A well-rounded program meeting a child's needs. Evalution completed by parents.	
Naval Air Station, Barbers Point	None at the center itself. However, the children can go from the center to the Barbers Point Preschool four mornings a week; age 2-1/2 up.	None.
Submarine Base, Pearl Harbor	Enrichment Program for 6 months to 4 and 5 years. Environment is geared to facilitate self-growth through natural learning and play-like environment. The staff are facilitators and guide the children into learning skills, rather than directing and dictating. There is no specific classroom, only areas of concentration, centers of learning. Arts and crafts, literature, music, creative movement and exploration, math, language arts, reading story, social sciences, gross motor skills.	No space at the center.
Naval Station, Pearl Harbor	None. Creativity programs are enjoyed by children. Classes of 10 to 12 children, ages 3 and 4, with one attendant. Program is from 0800-1000 and stresses name	None.

Table 48 (Continued)

PRESCHOOL ENRICHMENT AND SUMMER PROGRAMS

Base	Preschool Enrichment	Summer
Naval Station, Pearl Harbor (Continued)	recognition; short, safe walks; emphasis on seeing, touching, smelling. They learn the basics: color, shapes, insects, sharing. Short hikes, coloring, reading, listening to records, children's TV programs, talent shows.	
Naval Technical Training Center, Treasure Island	M-W-F: 0800-1130. A parent coop with 1 teacher. T-Th: 0830-1115: non-coop with 2 teachers. T-W-Th: 1200-1400: non-coop with 1 teacher. Available for children 2 years 9 months through 5 years of age.	Yes, $80.00/month. Kindergarten: $40.00 per month. 3rd grades cover before and after school hours. Recreation program, outdoor, art, crafts, games, snacks. One teacher and 15 children.
Naval Air Station, Alameda	Preschool program is not separate program from the full-time developmental program. Preschool: 0900-1130 for 2, 3, 4, and 5 sessions per week. For toddlers through preschool age. The same staff is utilized as in the full-time care.	Cost is the same as full-time care. The staff of two teachers and the program is offered in one large classroom in the building for ages 5 and older.
Naval Air Station, Moffett Field	The enrichment program is designed to offer exciting and well-balanced development experience to children. Includes activities in numbers and letter readiness,	For school-age children. Same kids as in the before and after school program. Estimate 75 children

Table 48 (Continued)

PRESCHOOL ENRICHMENT AND SUMMER PROGRAMS

Base	Preschool Enrichment	Summer
Naval Air Station, Moffett Field (Continued)	arts and crafts, socialization, large and small motor development, science, music, dramatic play, organized games, and field trips.	for next summer.
Naval Postgraduate School, Monterey	3 year olds: 2 days 0930-1230 with 1 teacher per 12 children. Program is coloring, learning stories, cutting, pasting, music, motor development. 4 year olds: 3 days, 0930-1230 with 1 teacher per 12 children. Program is all of the above plus readiness program of the simplified phonics, name writing, number writing, motor development.	None. Nowever, in July and August (same price, days, and hours) there are field trips with animal study in July and a beach in August.
Naval Station, Annapolis	Staff: 1-10. Ages 2-1/2 to 3-1/2 is 0900-0930 and 1430-1530 5 days per week at $25.00 p/week. Ages 3-1/2 to 5 is 0900-0100 and 1430-1530 for 5 days at $25.00 p/week. Thre is a special activity each day. Special activities for one month: Cut 'n paste: collage, numbers, words and colors; visual words; discrimination, matching and color numbers; finger painting; personal cleanliness; language development--word sounds, alphabet; printing name; motor skills--hopping, jumping, etc., to music rhythm; water coloring; fire safety rules; marching band and singalong; relay races; nutrition awareness.	Yes.

Table 49

FINANCIAL SELF-SUFFICIENCY
(Data Gathered June to November, 1980)

Base	Expected Self-Sufficiency (Percent)	Actual Self-Sufficiency (Percent)
Naval Air Station, Whidbey Island	100	100
Naval Amphibious Base, Little Creek	100	106
Naval Station, San Diego	100	97
Naval Air Station, Pensacola	100	103.1
Naval Air Station, Miramar	70[1]	110[2]
Naval Air Station, North Island	100	106
Naval Air Station, Lemoore	100	95.5
Puget Sound Naval Shipyard, Bremerton	100	119
Naval Air Station, Memphis	100	97
Naval Air Station, Barbers Point	100	100
Submarine Base, Pearl Harbor	100	90
Naval Station, Pearl Harbor	100	93.3
Naval Technical Training Center, Treasure Island	100	99.6
Naval Air Station, Alameda	90	86.5

Table 49 (Continued)

FINANCIAL SELF-SUFFICIENCY
(Data Gathered June to November, 1980)

Base	Expected Self-Sufficiency (Percent)	Actual Self-Sufficiency (Percent)
Naval Air Station, Moffett Field	90	78
Naval Shipyard, Mare Island	100	99.6
Naval Postgraduate School, Monterey	70	70
Naval Station, Annapolis	85	85

[1]FY 1979, 90% to 95%.

[2]FY 1980.

Table 50

BOARD OF ADVISORS/STATE LICENSING

Base	Board of Directors or Parent Advisory Board	State License
Naval Air Station, Whidbey Island	No	No
Naval Amphibious Base, Little Creek	No	No
Naval Station, San Diego	No	No
Naval Air Station, Pensacola	Yes[1]	No
Naval Air Station, Miramar	No	No
Naval Air Station, North Island	No	No
Naval Air Station, Lemoore	No	No
Puget Sound Naval Shipyard, Bremerton	No	No
Naval Air Station, Memphis	No	No
Naval Air Station, Barbers Point	Yes[2]	No
Submarine Base, Pearl Harbor	No	No
Naval Station, Pearl Harbor	No	No
Naval Technical Training Center, Treasure Island	Yes[3]	No
Naval Air Station, Alameda	No	No

Table 50 (Continued)

BOARD OF ADVISORS/STATE LICENSING

Base	Board of Directors or Parent Advisory Board	State License
Naval Air Station, Moffett Field	No	No
Naval Shipyard, Mare Island	No	No
Naval Postgraduate School, Monterey	No	No
Naval Station, Annapolis	Yes[1]	No

[1]No parents on Board.

[2]There was a Parent Board which operated the center fourteen years before take-over by Special Services.

[3]There were parents on Advisory Board

IV. RESULTS OF ON-SITE INTERVIEWS AND OBSERVATIONS AT THE CHILD-CARE CENTERS

A. INTRODUCTION

In Chapter III, some of the results of the eighteen child-care centers surveys were presented. In addition to the basic information gained by questionnaire, on site visits to thirteen centers from June to November 1980 produced considerable other data. During the visits, commanding officers, executive officers, directors of Morale, Welfare and Recreation departments, directors and managers of child-care centers and other staff members, fire inspectors, public works officers and safety officers were interviewed. At some centers the author focused on infant care and playground equipment; in other centers, the focus was on treatment of children who became ill at the center, or fire safety. This chapter is a report on those interviews and observations. Additional results of the child-care center survey are also presented in this chapter because the information did not lend itself to the table format used in Chapter III.

B. THE QUANTITY OF NAVY CHILD CARE

How many children does the Navy serve in its primary MWR operated child-care centers each day? Is the Navy's child-care system able to meet the demand for child care? Both of

these questions were difficult to assess. In 1980, the child-care coordinator for the Navy estimated that the Navy served 11,000 children per day. A report prepared for the Systems Analysis Division of the Office of the Chief of Naval Operations in 1980, estimated the Navy's child-care capacity to be as low as 4,460 and as high as 8,266 (Resource Consultants, Inc., 1980:p. E-7). The answer to the first of these two questions, then, is moot.

The second question concerning the ability of the Navy's child-care system to meet the demand was the primary focus of this author. To determine the demand, the author used four indicators: maximum capacities and how well centers adhered to these maximum figures, overcrowding, waiting lists and the reported number of children turned away due to insufficient space in the center. Using these factors, the author also could make no conclusive statement.

1. Maximum Capacities

Maximum capacities were, with five exceptions, set by the base fire marshall. In only one case, the director set the maximum capacity. This latter center was completely full at the time of observation and when questioned by the author about lowering the maximum capacity in order to improve the child/caregiver ratio in the infant/toddler areas, the director remarked that her instruction had been to "take as many children as possible."

Child-Care Center Survey questionnaires were also analyzed with respect to maximum capacity. The directors of all centers in the sample were asked to state total maximum capacities for the entire center and for each room. A comparison of this information revealed that in at least five cases maximum capacities were not in agreement. For example, one director stated her total center maximum capacity was 160. Addition of the room maximum capacities yielded 139. At another center, room maximum capacities totaled 190, yet the stated center maximum capacity was well under that number.

2. Overcrowding

The following are examples of overcrowding observed by the author during visits to the centers. Each example represents a different center.

One director reported that the command policy was to take drop-ins so that mothers could go to the hospital. They had taken many as 110 (total children) which was 40 more than the maximum capacity set by the fire marshall. The director of Special Services for this center stated in an interview that the center had on occasion taken as many as 120. In visiting each room of this facility it was noted that maximum capacity signs were posted for all but one room. The assistant manager, when asked by the author, stated that one particular room's capacity was fifteen. The room actually held thirty-nine children at the time of the

author's visit. With these children was one full-time caregiver and one summer CETA employee (about sixteen years old). The author visited this center during the summer when, according to the director, the center was in a low-usage period.

In another center, the author observed a 12 by 12 feet room with 12 toddlers and 1 caregiver. A third center had seventeen toddlers (age eighteen months to two years) with one caregiver. Both rooms normally had only one caregiver.

In a fourth center there were forty metal infant, hospital-style cribs in one room. Actual observations of the room revealed forty-three children under two years of age with five attendants. The room was 48 by 36 feet and a large part (perhaps half) of this room was occupied by cribs and infant swings.

3. Waiting Lists

At least five centers had waiting lists. One center reported a waiting list just for the preschool. Two centers developed a special form for parents to fill out to get their child on the waiting list (Appendix D). Another center had a logbook in which parents who wanted full-time care were listed. The log book had over ninety names, of which the administration clerk felt fifteen or twenty were active (i.e., still waiting).

4. Number of Parents Turned Away

Directors were asked how many parents they had to turn away because of being already full. The following are answers to this question (not all centers were asked):

- Not many, it varies.
- Normally only drop-in. Unknown numbers.
- Four to five per day, under two years, mainly.
- It varies, but at present it is mostly two year-olds.
- Ten parents a day in winter.
- Ten to fifteen average.
- Fifteen infants on waiting list for full-time care. No spaces for drop-ins from April through June 1979. Approximately ten children a day were turned down.
- Eight per day.
- Very few.
- Twenty-five or fifty.
- Eight per day.
- One or two.
- None except baby room.

Five centers reported not having to turn away anyone.

C. THE DIRECTORS OF THE CHILD-CARE CENTERS

Richard R. Ruopp, the Director of the National Day-Care Study, stated in the preface to Grace Mitchell's The Day Care Book, (1979:p. 11):

> There are two kinds of honest-to-goodness experts in the field of day-care and early education. First, there is the experienced practitioner. Usually she or he has spent many years teaching and managing nursery school and

day-care centers.... The practitioner is convincing to the uninitiated because of both the first hand quality and the resulting depth of his/her experience. The only limitation to the practitioner's wisdom may come from a narrowness of vision--depth without sufficient breath.

Then there is the day-care and early childhood researcher. This person gains expertise by reading and by systematic study of preschool education and day-care as they are found in contemporary America. The true student obtains a wide sense of the practices, the issues, the concerns of other experts, day-care practitioners, and parents. Here the limitation of the researcher's knowledge often comes from a lack of practical experience--breadth without sufficient depth.

The directors in this sample tend to be, with two exceptions, in the former category. They are experienced practitioners who are also highly dedicated. With one exception they were most cooperative with the author during the survey visits and/or telephone calls. The majority took the time to answer the many, many questions asked by the author. Some stated that they wished to participate because they hoped it would ultimately improve their centers. It is the opinion of the author that these women wanted to provide quality care.

1. Position Descriptions

The author requested copies of the Director's Position Description from four bases. One director stated there was no position description. In the second center, the following was given as "Qualification Requirements of the Work" for one of the centers:

Requires knowledge of general business processes, methods and practices associated with the operation of the Child-Care Center/Preschool Activity.

This sentence was the entire statement of qualifications required of the director. The rest of this Position Description concerned the director's duties and responsibilities and to whom the director reported.

The third center had the following description of "Qualfications and Requirements:"

> Knowledge of accounting and bookkeeping procedures and a degree in education or early childhood education is preferred but not necessary.

This center had a director (employed for many years) who held a Bachelors degree in Education and her center was considered (informally) a model child-care center by the Navy. The additional reference to preferred qualification as compared to the previous center had resulted in this center hiring a director with a higher level of expertise and knowledge.

The fourth center had this qualification statement in the director's position description:

> College degree in Early Childhood Development or comparable field of study, and a minimum of two years recent supervisory experience in child-care training. Familiar with State of California Laws applicable to child-care center facilities, Red Cross certification in CPR and basic first aid. Incumbent must be able to pass a thorough physical examination, to include a food handlers examination."

These more rigorous qualfications ensured that this center had someone qualified to administer a large child-care center with knowledge of child development. This center had just hired a director who held a Master's Degree

in the appropriate field and who had fifteen years experience in center administration.

These four centers had very different levels of qualifications requirements and quality of the incumbents reflected this.

Appendix D is a proposed position description for child-care directors given to the author in November 1980 by the Navy child-care coordinator.

D. THE STAFF OF THE CHILD-CARE CENTERS

Generally speaking, the majority of caregivers in the thirteen child-care centers the author visited, had very little formal training beyond high school. In one case, the director (herself a college graduate) had (in one year's time) formed a staff all of whom had formal child development or other college level credits or staff members were currently enrolled in college. At another child-care center in the same city, (also in the sample for this thesis) none of the staff had beyond a high school education.

Hiring criteria vary considerably among child-care centers (see Table 8, Chapter III). One director when asked "What do you look for when hiring new employees?" stated that she would "love to have all Bachelor's Degrees in Early Child Education, but that kind of person can substitute teach with public schools and make more money and have

better hours." In lieu of degrees, she looked primarily for experience with children. Wages of the staff at the various child-care centers are low (see Table 6, Chapter III). This is typical of caregiver earnings nationally, however. The National Day-Care Study (Ruopp, 1979:p. 21) stated:

> Nationally, caregiver wages are extremely low. Almost two out of three caregivers annual earnings fall below the poverty level.

No data was collected concerning staff turnover, however, absenteeism appeared to be of some consequence. In at least one-half of the centers, the author was told "we're short of staff today."

E. THE BUILDINGS HOUSING THE CENTERS

With one exception, the buildings of the thirteen centers visited were either very old, wood structures built during World War II or in buildings not intended to be child-care centers. One center is housed in, according to the director, what was supposed to have been "the women's dressing room for the pool." With few exceptions the buildings were depressing; the exteriors were generally plain and uninviting.

The interiors, though painted a pale pastel color, were in most cases dreary, gray places. The entrance and hallways may have been decorated with mural art, but individual rooms or large activity rooms were generally functional. The atmosphere frequently seemed unfriendly and cold.

One director reported getting her staff together with axes, picks, and hammers to knock a wall down in their old building in order to make one room out of two rooms. The director had been unable to get this done by work request. In all cases but one, the buildings of the thirteen visited centers were old, wooden barracks or other old buildings, and they were not designed with child care in mind.

The following comment was written by one person who visited a center in the sample:

> ...I agree with many women with whom I talked--I wouldn't want my child there! The main drawback is the delapidated building--no matter how much painting they do without or within, it still looks depressing.

F. FIRE SAFETY

At three of the child-care centers visited, the research was almost entirely focused on the centers' adherence to fire codes and ability to ensure the safety of children in the event of fire. The following observations are not to be construed as exemplifying all the centers; the comments are meant to describe what was found when fire safety was the primary research area. The centers were not chosen for any specific reason; they just happened to be the next center to be visited.

In one center, the author asked each caregiver and the assistant director if they knew the location of the nearest fire extinguisher and if they knew how to use a fire extinguisher. Seven persons were so surveyed. Of the five who

knew the location, three including the assistant director who was in charge that day, did not know how to operate a fire extinguisher. This center also had several rooms without exits going directly to the outdoors. The center had not held evacuation fire drills for "a couple of years."

In a second center, a director, in response to the written survey, had responded that there was a written fire plan. Upon later visiting this center, the author asked to see the written fire plan. The director then showed the author a filed copy of the floor plan of the building. There were no arrows or directions on the diagram to indicate what to do in a fire.

In a third center, the author had the opportunity to accompany the local fire inspectors on an inspection of one of the center's buildings. This inspection took about 1-1/2 hours and was comprehensive. The following were some of the discrepancies noted by the fire inspectors:

1. The building had several non-illuminated fire exit signs.
2. The front entrance did not have panic hardware.
3. There was no emergency light in the director's office.
4. There were paper decorations hanging from light fixtures.
5. The closet containing the sprinkler riser and alarm system had combustibles stored inside.
6. Electrical outlets did not have protective covers. A caregiver in the infant room reported to the fire inspector that an infant had just that morning tried

to put something in one of the unprotected receptacles.

7. There were doors marked "EXIT" which should have been market "TO EXIT." "EXIT" is only supposed to be used over doors which lead directly outside.

8. A kitchen storage closet needed a Class A fire rated door. It presently had an open folding door. The closet contained, in the fire inspector's opinion dangerous liquids and equipment. The area was accessible to children.

9. The kitchen needed fire rated doors.

10. There were several fire exit doors (leading outside) that were locked (pins were in place). Pins are only to be used when a building is unoccupied. There were wooden signs saying "pull pins" indicating that pins were normally in place-it was not just that day. Lest the reader not understand the significance of this discrepancy, the fire inspector explained that in a smoke filled room, one probably wouldn't be able to find the pins to pull them out so the occupants could leave. Approximately forty-five sleeping children (two full classes) occupied this room at the time of the fire inspection.

11. There was one door with improper panic hardware, one door with no panic hardware on doors leading out of children's rooms. In addition, one exit door opened inward instead of in the direction of exit.

12. A fire extinguisher was not mounted in the boiler room. The fire inspectors themselves were concerned about how to check the boiler gauges/dials. There were inadequate directions on how to check the boiler's operation.

13. There were combustible (decorative flags) banners hanging from sprinkler heads.

14. There were capped sprinklers in a storage area. In addition, stored materials were less than the required eighteen inches from the sprinkler heads.

15. In the infant room, the emergency light was unplugged. It had been unplugged long enough so that the battery light had also gone out.

16. Circuit breaker switches were not labeled.

17. The primary food/educational materials storeroom did not have any ceiling.

For another building of this center with usually over one hundred children every day, the following discrepancy list had been previously submitted to the commanding officer:

1. The building had no alarm system, emergency lighting system, smoke detectors or sprinkler system. It was classified as an unprotected wood frame building, and children under four years may not use the building.

2. The interior finish of the building was not fire rated.

3. Several electrical receptacles lacked protective covers.

4. The fire escape from the second deck was wood. (The second floor was being used as a classroom. At the author's request, the base executive officer has since stopped the use of the second floor. The children were moved to another smaller room on the first floor which was being used once a week by the Boy Scouts.)

5. The exit stairs in one part of the building were not enclosed, and combustibles were being stored under the stairs.

6. An exit door was concealed by draperies.

7. Two exits were found locked at the time of inspection. One of these exits was located where babies slept.

The two lists above concern one center. These discrepancies were moved to high on the command's list of action items, and meetings were scheduled to begin to rectify the discrepancies. A second visit two weeks later, to this center, found that some "management" discrepancies in fire safety still existed: combustibles still hung from light

fixtures, stored combustibles were found in the sprinkler riser closet and the emergency light was still unplugged.

After visiting a number of centers, the author determined that some centers were not practicing complete (center-wide), evacuation fire drills on a monthly basis as required by Code. In one center large signs were posted saying, "This center does not meet Fire Code 101" (National Fire Protection Association, [NFPA 101]). This center does hold monthly, center-wide evacuation fire drill but parents using the center have had to sign liability waivers.

In visits to the thirteen centers, it was found that two bases had children located on the second floors of wooden, condemned buildings, clearly in violation of the existing Fire Code (NFPA 101).

It is the opinion of this author that an assumption of "safe environments" in Navy child-care centers is open to question. This is <u>not</u> to say that all centers were unsafe; it does mean that lack of money to build or renovate child-care centers has apparently forced the Navy to open and operate child-care centers in buildings that are not very safe, i.e., in one case known to the author: condemned for sailors but acceptable for sailor's children. It also means that there is room for improvement in fire safety. Lt.Col. Larrie D. Womberg, Chief of Social Work Services, Letterman Army Medical Center in San Francisco and Project Officer for the Tri-Services Military Child-Care Program stated to

Patricia Cooney Nida in Ladycom (1980:p. 22, 42)"...a child-care center director on a military post does indeed know exactly what is needed in order to provide a safe environment for children, (but) money has not always been made available for the building improvements that are necessary." This is apparently the case in many of the centers in this survey. As Nida (1980) commented, "Parents need to be aware that sometimes command pressure means that a center found by inspectors to be in gross violation of safety codes may still be open to children." Upon asking fire inspectors why the discrepancies listed previously had not been corrected earlier, they reported that the previous director of Special Services was very powerful and that he refused to make any changes that cost money. Command pressure, therefore, comes in many forms.

The child-care center at Naval Station, Adak, burned in November 1979 (Nida, 1980). Fortunately, there was no loss of life or injuries because the fire occurred at night when it was unoccupied. The center was located in a World War II quonset hut with a wood frame addition. It did not have an automatic sprinkler system. The Fire Chief of Naval Station, Adak, stated in regard to sprinkler systems,

> Buildings protected by sprinkler system have no loss of life. A sprinkler system is of more benefit in a fire than anything else. It is quicker than a fire department because it extinguishes or controls a fire at the point of orgin.

Of eighteen child-care buildings visited, thirteen did not have sprinkler systems. Only one of these centers is scheduled for a new building (construction to start January 1981). The former director of the Adak child-care center advised child-care centers that may not comply with the fire code to "...get up to standards immediately. Nobody can foresee a fire."

G. BASE SUPPORT OF CHILD-CARE CENTERS

There is, for any military child-care center, a variety of individuals or units who support the center operations. The following are some of these support personnel/units:

- Public Works Officer
- Fire Marshall
- Safety Officer
- Safety Inspectors
- Preventive Medicine
- Sanitation Inspectors
- Regional Medical Centers

During the visit to the various centers, the author found that in some instances, the various support units were giving excellent responses to center needs. At one center, a center employee (administrative clerk) described three events to the author in which medical and sanitation units had quickly and efficiently taken care of problems at the center. The director who had only recently come to the

center, wrote the following personal comment in a newsletter to parents:

> I have worked in various day-care centers outside the military for the last thirteen years and I have never seen such a through support system available.

This same director also perceived that Public Works was providing considerable support, she stated: "Public Works is almost living in one of our buildings; they have been there everyday for two weeks." A different center had not received this kind of support. The director in this case reported that they had had a request for a sink in the infant room for four years. A request to get a water fountain fixed had also not received a response.

Fire marshalls, as shown in Table 43 (Chapter III), tend to visit the child-care centers at least monthly. It is not apparent to this author that they are insisting on fire discrepancies being eliminated and evacuation fire drills being held. Discrepancies at two centers were reported for as long as a year (in one case), but not eliminated. In another center, the fire drills were not held for the whole center at one time, but only one room at a time. In two bases, as previously noted in the section on Fire Safety, there were children on the second floor of wood buildings. This is clearly prohibited by the Fire Safety Codes, yet the fire marshalls have apparently yielded to command pressure and allowed the second floors to be utilized.

H. SPECIAL SERVICES OFFICERS

Special Services officers were, in some cases, very supportive of the center directors. For example, there were Special Services officers who were extremely cooperative concerning this survey, who wanted to fill out the written questionnaire with the director, and ensured that related materials were returned with the questionnaire. One Special Services officer sent a one inch thick stack of such material (base instruction, employee information sheet, preschool curriculums, etc.). The author's overall impression was that this Special Services officer was interested in the child-care center.

One director stated that her Special Services office did not reject her requests for money to buy birthday presents and Christmas candy canes, as he might well do, because of the lack of funding. This director stated:

> Every child is given a birthday present by the center because it is, in some cases, the only one the child will get. We also arrange for Santa to hand out candy canes. Again it might be the only one some children get. We do this because we know that some children don't get much attention from their parents. I've seen many children show their parents their day's art work, and then it is left on the counter when they leave.

This director also reported that $1,000.00 per quarter had been appropriated for minor equipment purchases though she didn't expect to be able to spend that much because "the Navy Exchange is losing money." Another director thought she also had "good support thus far." She reported,

however, that only $340.00 had been appropriated for the whole fiscal year for minor equipment purchases.

In another center, the director had been told by the Special Services officer to be one hundred percent self-sufficient. The executive officer at this command told the author that he had specified to the Special Services officer that the center should aim for eighty-five percent self-sufficiency. The center's director was, however, unaware of this change in command policy.

At another base the Special Services officer was very cooperative with the author and took the time to explain the peculiarities of non-appropriated funding. He also emphasized the importance of self-sufficiency requirements below 100 percent. He stated:

> When you require one hundred percent, the children get cheated. You can't buy equipment or pay decent salaries if you require one hundred percent in the child-care center.

At another base, the Special Services officer was interviewed about the operations of the child-care center. When the author inquired about the lack of equipment on the playground, the Special Services officer stated that he didn't think they needed any equipment, "They get along fine without any." The center director in this case also had difficulty in acquiring transportation services between the center and the school, for before- and after-school care. In the latter instance, the Special Services officer was

reluctant to go to the command to request help in getting the school districts to stop at the base child-care centers.

Another center director had been successful in getting new equipment at the center and in obtaining help from the base carpenter to build cabinets. The director had priced ready-made cabinents and found them to be too expensive. The Special Services officer had apparently assisted in finding an alternate method to acquire new cabinets.

Two directors felt that they did not have much support from their Special Services director, either monetarily or functionally. One stated: "His business is recreation, not child care."

It is evident that there is no consistent pattern of support from the directors. Judging only on the basis of the condition of the buildings and the amount of equipment, it appears that Special Service officers are unable to give adequate monetary support. It must also be stated that on some bases, child-care centers are receiving substantially more attention than in the past. For example, the author saw a memorandum from one Special Services officer to the Executive officer which stated, in part: "As you have directed, we shall attempt to make (base name) child-care center the best."

I. EMERGENCY PREPARATIONS

Eleven centers in this sample were asked the following question:

> In the event of an emergency (i.e., the base was put on continuous alert because of a possible war), and parents (let us say most of them) could not pick up their children, what would the center do? Is there a written plan for such an emergency?

Of the eleven centers queried, two answered the question affirmatively. Five of the others felt that the center staff would be able to stay, and that sufficient food was available. For example, one director reported the following: "We prepare our own meals and use stack cots for the children. Staff would notify the manager and security. They would stay with the children and care for them."

In one of the centers reporting that they did have a written emergency plan, the director stated: "We have food in our storeroom and blankets. The staff would be prepared as we are meeting with Disaster Preparedness for training."

In another center, the staff stated that they did have written emergency plan, the directors did not describe it. No base instruction that was received mentioned emergency preparations, except for the center that included a section on stranded children. In this instance, reference was being made to one child, not to a large number of children.

J. CHILD-CARE CENTER BUDGETS

Five centers were asked about their annual budgets and income. One director stated that the center's yearly budget had grown from $9,000.00 in 1966, when she first began working in the center, to a current budget of $100,000.00. A second director reported an annual budget of $81,097.00 "of which ninety percent goes to pay salaries." A third director stated that "annual patronage is approximately 30,000 children with an income of around $75,000.00."

At two centers in the sample, the author asked for detailed monthly and yearly budgetary information. One small center and one large center were sampled for comparison purposes.

The small center reported the following budget for August 1980:

Receipts		Expenses	
Day care fees	$3,600.00	New Equipment	$ 166.00
Drop-in fees	600.00	Replace sleeping mats	288.00
Meals (drop-in $0.74/meal)	112.00	Annual leave	400.00
From Navy Relief	264.00	Sick leave	100.00
	177.00	Repairs (paint)	117.00
Expected from USDA Food Service Program	450.00	Consumable paper	450.00
		Salaries	6,100.00
	$5,203.00		$7,261.00

For the month shown, expenses exceeded revenue by twenty-nine percent. This center charged $30.00 per week

for one full-time child. There were forty-six full-time children. One of the contributing factors preventing this center achieving self-sufficiency is that the director programmed for a seven point five percent employee pay raise. On July 30, 1980, all employees (excluding the director) received an 11% increase. The center's overall self-sufficiency was 90% for fiscal year 1980--or approximately a $5500.00 deficit.

The fiscal year 1981 budget for this center projects an 85% self-sufficiency, so the director expects to buy no new equipment except bibs ($40.00), sheets ($1,000.00), blankets ($60.00), and miscellaneous items such as (maybe) 2 high chairs, a crib, paper and crayons and books ($300.00). The director expects a $3,000.00 loss per quarter.

The following is the fiscal year 1981 budget for the smaller center:

Receipts		$80,440.00
Expenses		
Salaries	$79,594.00	
Consumables	5,180.00	
Miscellaneous	500.00	
Repairs	880.00	
New items (slide)	40.00	
Sick leave	3,086.00	
Annual leave	6,014.00	
		95,294.00
Profit (Loss)		($14,854.00)

The larger center submitted the following comparable information:

	August 1980	Fiscal Year 1980 Actual	Fiscal Year 1981 Projected
Receipts			
Fees	$18,046.00	$231,449.00	$325,345.00
Expenses			
Salaries	17,662.00	189,787.00	252,576.00
Supplies	2,473.00	23,336.00	23,000.00
Renewals and Replacements	391.00	4,931.00	5,640.00
Repairs and Maintenance	---	575.00	1,000.00
Laundry	---	60.00	---
Miscellaneous	5.00	524.00	500.00
Entertainment	---	391.00	350.00
Salaries-- Maintenance	1,121.00	11,772.00	14,001.00
Annual Leave	825.00	10,026.00	15,132.00
Sick Leave	630.00	7,634.00	12,611.00
Total Expenses	$23,107.00	$249,036.00	$324,810.00
Profit (Loss)	(5,061.00)	(17,587.00)	(535.00)
Percentage of Self-Sufficiency	78.1	92.9	100.1

In the first center, ninety-eight percent of receipts will be expended for salaries. In the second center, seventy-eight percent is expected to be used for salaries.

K. BASE INSTRUCTIONS

Eleven of the centers in the sample had an instruction promulgated by the base on which the center was located.

These instructions governed the operations of the child-care center. Every center in the sample was requested to send a copy of the base instruction to the author. Analysis of the eleven base instructions revealed the following topics:

- Eligibility requirements
- Ages accepted
- Maximum capacity
- Hours of operation
- Fees to parent
- Fees to parents
- Reservations procedures
- Responsibility of the director
- Required child/adult ratios
- Immunization requirements
- Policies relating to health, discipline, etc.
- Regulations of the center

One center's instruction included only fees and charges. Another instruction discussed "Stranded Children" as well as most of the above list of topics. Another listed the specific work hours of each employee. Overall, there was great variation in the policies, and regulations covered by the base instructions.

L. STATE LICENSES

No center in the sample was licensed by the state in which the base was located. One center was planning to

adhere to state standards, but the State of California refused to license any center on Federal property. This center was attempting nonetheless to meet state adult/child ratio requirements but this will require hiring many new employees. Another center is presently applying for a state license.

A third stated they would probably apply for licensing except that the state laws make it illegal for any child under two years of age to be left in a center--this precludes state licensing of the centers.

M. FULL-TIME AND DROP-IN CHILDREN

It was the policy of all but three of the thirteen visited centers to combine drop-in and full-time children in the same room based on age. Some centers had what directors referred to as the drop-in class. This was usually for three year-olds and older. Younger children were, however, frequently mixed with full-time children at child-care centers. This policy seems to have been a result of space considerations.

The three centers that did not combine full-time children and drop-in did not do so for the following reasons: one center discontinued drop-in service because the center lost $28,000.00 last fiscal year (1979) on the drop-in program (parents made reservations but did not cancel them at all or far enough in advance to reduce staff). Another

center did not have a weekly rate; they only had a drop-in program. The third center had two buildings--one is for full-time children only; the other was for drop-in children, kindergarten and before- and after-school programs.

N. INFANT CARE

There were many problems with infant care in the eighteen child-care centers in the sample which have been mentioned elsewhere. The following are some of the other major problems.

1. Water Sources

One-half the centers visited did not have sinks in the infant areas. Some did not have a sink in the room itself, so children are carried to--in one center--a former barracks' head some distance away. Still other centers did not have sinks anywhere nearby; caregivers rinse their hands in buckets of water, or not at all. They washed their hands during their breaks. In one case, a sink was available at the far end of a large room, but caregivers had placed a plastic dishpan in the sink. The author asked why the dishpan was in the sink and the caregiver stated it was because, "You can't plug the drain." The dishpan contained disinfectant. Subsequent to this visit, the executive officer of the base on which this center is located requested a list of items the center needed. One of the primary requests by the director to the executive officer was for sinks throughout

the center, and particularly in the infant area. In talking to one assistant manager/cashier at another center by telephone, the author asked if there was a sink in the diapering areas. She replied, "No, we use disposable diapers."

2. Hours for Infants

A problem observed in one center was that of hours limitations for infants, (children under the age of eighteen months). Two of the active-duty women answering the Women with Children Survey complained that the center on their base would only keep infants for six hours per day. One commented, "My working hours and their care hours don't mix." The director later stated to the author that the reason for this policy was that the center had insufficient staffing to handle babies all day.

3. Caregiver/Child Ratios

A third significant problem concerns caregiver/child ratios. Table 12 (Chapter II) states approximate caregiver/infant ratios based on maximum number of staff for the maximum number of infants. These ratios may be quite inaccurate, however. For example, one of the centers stated that if the maximum number of infants (20) were kept, there would be three staff members present. (There were however, more than twenty cribs available at the center), or about a one to six ratio. In observing this center at about 8:30 a.m., there was 1 caregiver and 9 infants. Later observations (9:16 and 9:45 a.m.) revealed 1 caregiver and 10 infants.

At 9:43 a.m., a second caregiver arrived. At 9:46 a.m., the first caregiver left on a break. The one to five ratio had lasted three minutes. When the first caregiver returned, the second left. At 10:48 a.m., the ratio was still 1 to 10. Observations were also made on the young toddlers (walking age to twenty-four months) playground. On the playground, the ratio was two caregivers to thirty-three children.

4. Infants Outdoors

A fourth significant problem is that infants do not go outdoors. These babies may spend eight to ten hours in one room. Only four centers have outdoor areas for infants (two were shared with toddlers). A fifth center had strollers which were used to take babies outdoors. A former employee at this latter center reported to this author, however, that these strollers were seldom used.

5. Infant Environments

The indoor environments in the centers visited by the author, for infants (ages six months to eighteen months) were very similar, regardless of the size of the room. With two exceptions, cribs were in the primary infant area: there was no separate infant nap room. The infant rooms had the following furnishings: cribs, playpens, diaper changing areas, infant swings, high chairs, walkers. The rooms were designed for efficient caregiver operation it seemed; they were not designed with the development and growth of the

infant in mind. Magda Gerber, a speaker at the 1980 National Association for the Education of Young Children, and a prominent researcher and consultant in infant care, listed the following principles of infant care in her speech at the convention:

1. Infant movements should be unrestricted (by swings, playpens, walkers and infant seats).
2. Infants must be respected, not just loved.
3. Infants need a safe but challenging environment.
4. Infants need time for privacy.

In the centers visited by the investigation, infant playpens and infant swings were routinely used for considerable lengths of time. The author observed one infant who was in an infant swing all morning. The environments around the infants were bland and unchallenging. The caregivers seem to have been there to diaper and feed; they did not, for instance, get on the floor with the infants. The author observed a caregiver on the floor two times; once to feed a child and another in a fenced area with four infants. As long as the infants were not wet or crying, caregivers seemed to think they had done their jobs. Magda Gerber also saw the necessity of providing the best care to infants. She stated "Good infant care is not good enough." No infant room in the visited centers seemed excellent. Some (at least five) had too few caregivers, unimaginative, non-homelike environments, little or no equipment, too many

infants, too large groups and no program. Two centers practiced a bull-pen approach to infant care: all the babies were (up to twenty-four) on the floor in a large fenced area.

6. Infant Care and Active-Duty Women

A sixth significant problem concerns the inability of active-duty women to find infant care, because the enrollment of infants in child-care centers is often contingent on immunizations having been done. The following is quoted from a Chief of Naval Operations Master Chief Petty Officer Advisory Plan report (undated):

> Current policy of the eight major military bases in the San Diego area is that a child must be at least six months old to be eligible for day care at the centers because proof of medical innoculations must be presented. As innoculations cannot be made until a child is six months old, a dilemma is present for the naval women who must resume her military duties thirty days after the birth of her child. The dilemma is two-fold when the naval woman is expected to be as punctual and efficient as she was before her child was born. The problem is even greater for a single parent and for the woman whose husband is also in the service. Since child care facilities are not available until the child is six months old, due to legal and health restrictions, the following are recommended:
>
> That a child care facility be established which cares only for infants under six months of age, utilizing Navy wives (who would like part-time jobs) and Red Cross volunteers. These facilities could be controlled by the Navy and be located on Navy facilities caring for only those children whose mother is active-duty or whose father is active-duty with a working wife, or single parent, up until the child is six months old and eligible for a regular child care facility. In the event that special child care facilities. are not available, an alternative would be to have a subsidy or allowance to defer the cost of a licensed/private babysitter until the child is old enough to be cared for in a day care facility. The

subsidy would be a set amount. Navy Family Counselors could provide a list of licensed babysitters and prices in the area. The current charge for a licensed babysitter in San Diego area, for example is from $35.00 to $50.00 a week, with parents normally providing all food and diapers. This is for child care during normal working hours of 0800-1630.

O. MEALS AND SNACK SERVICE

Of the eighteen centers in this sample, one center served three meals per day. Three served breakfast and lunch. Two served dinner on Friday or Saturday night. Four centers in this survey were specifically observed in regard to snacks or meals or both.

One center was prepared for lunch upon the author's arrival. At each place setting were two crackers, two cookies, jello and milk. The entree was canned spaghetti and meatballs. The kitchen had a toaster oven, hot plate, and refrigerator, but no dishwasher. The attendant for infants prepared the meal for all children. She was feeding six infants in high chairs at the time of the author's visit.

In another center, the cook was studying to be a chef. This center had a large kitchen facility. The typical lunch was baked chicken, rice and peas, fresh fruit and milk. Appendix F is a sample of a monthly menu for this center.

Another center listed the following as acceptable snack items:

Koolaid
100 percent juice
milk
cookies
Graham crackers
cheese and crackers
fresh vegetables
apples and oranges
cinnamen toast

Still another center reported that only potato chips were served at snack times. Of the centers in this sample, only one had applied for the U.S. Department Food Service Program. The director of that center reported receiving about $500.00 per month. The center served one meal and two snacks per day to sixty children. Two other centers reported that they were considering applying for the program but were somewhat discouraged by the paperwork involved.

P. PRE-ADMISSION HEALTH CERTIFICATION

The author did not specifically inquire as to whether centers required an enrollment physical. Research through center materials given to the author by directors indicates that at least three required such physicals. Three centers required presentation of the shot card; another states that "one oral Salk (polio vaccine) is required, two are recommended;" another required two oral Salk and a written immunization record upon the first visit to the center.

A sixth center required shot records, "measles, polio, small pox, DPT series, and all boosters as required by California State Law", but children who do not have these shots have "five working days to begin an immunization

program." A seventh center stated parents must be able to produce a birth certificate and "health-record listing innoculations if requested" by the center director. An eighth center requires a birth certificate for entry into the center for full-time care.

Q. MEDICATIONS FOR CHILDREN AND ISOLATION ROOMS

A consistent practice of child-care centers was that medications would not be administered by the center. Of eighteen centers, only one (to the author's knowledge) would administer medications. Figure 1 is a sample of the form used by the one center which did administer medications. Isolation rooms when children become ill were not available in nine of the sampled centers. One center director stated on the daycare center questionnaire that the center had an isolation room. Upon visiting the center later, she explained that a sick child would be kept in her office until a parent arrived (unless it was an emergency). She also stated that since children seldom get sick, that a room built to be an built to be an isolation room (with a builtin sink and toilet) had been converted to an office. The isolation room was not adjacent to the director's office, but instead located off the infant nursery. Children in centers which did not have isolation rooms were usually placed in the director's office or in the front reception area near the cashier.

As the parent of _____ I understand that the dispensing of medicine according to my directions is a courtesy extended by the Day Care Center. Further I release the Center from any liability concerning this procedure. Medicine will be clearly marked with dosages prescribed by a doctor.

MEDICATIONS	DOSAGE	TIMES

PARENTS SIGNATURE _____ DATE _____

INITIALS OF PERSON GIVING MEDICINE AND TIME GIVEN

Figure 1.

Authorization Form for Administering Medications.

R. HANDICAPPED CHILDREN AT CENTERS

All the centers in the sample were asked if they accepted handicapped children. The results are reported in Table 36, in Chapter III of this thesis. All the centers reported that they would accept handicapped children, but some made exceptions. One center stated they would take handicapped children "with a doctor's authorization;" at another, "depending on the handicap." A third stated they would "consider" taking handicapped children; a fourth, "if the center can meet the child's needs." This latter center's base instruction stated that the center did not have equipment or personnel to care for exceptional children and cannot take children who are immobile. These caveats mean to the author that a statement that they will take handicapped children should not necessarily be taken at face value.

One of the active-duty women who participated in the Active-Duty Women with Children survey described in Chapter II evaluated a military child-care center for her child. The survey question asked for "other policies of the facility" that caused her not to choose to use a military child-care center. She stated:

> I was told that I could not have my daughter's tutor with her at the child-care center. This is particularly unfavorable because my daughter is blind and must have special instruction.

The base instruction where this woman is stationed states: "The Child-Care Center may not accept children requiring Special Attention."

However, the director, in the Survey of Child-Care Centers stated that that center would take handicapped children but only on "drop-in" basis.

S. TOILET FACILITIES

In one center, the director showed the author the termite-damaged walls which were just above the diaper changing area. The director then apologized for the painting being done in the infant room. The cribs were on one side of the room while the painters were on the other side. The director stated they couldn't find painters to paint when the center was closed so they were painting during normal working hours. The director then showed the author the little boys bathroom where she said, "You should have been here last week when the boys' urinal fell off the wall." This urinal was not the standard one typical of public facilities; it is a trough about 4 feet long and 1-1/2 feet wide, reminiscent of a small old-fashioned bathtub. It had a water faucet which a staff member had to turn on periodically to rinse the tub out because there was no automatic flush. This room had one toilet for the boys. In general, the room was unsavory.

In another center which averaged over ninety children per day, there was a total of four toilets/urinals and none were of child-size. There were no separate staff facility bathrooms. The center had hired a male caregiver who had to go to another building to use a restroom.

T. FIELD TRIPS AND INSURANCE

Some of the centers reported taking children on field trips. These trips were all to on-base locations. One center reported being unable to take the children out of the building because of the lack of insurance. The center had set up a swimming program (on base) in a recreation pool within walking distance of the center. The legal officer told the center manager that children could not leave the center and be insured. The swimming program was subsequently cancelled.

In contrast, another center had a year-around swimming program. This center also regularly took children to the library and other on-base facilities.

Another center takes children on field trips, but parents had to sign an authorization/release statement which includes the following:

> I do hereby authorize the Child-Care Center...and its lawful agents to have custody of, and transport my named children for the purpose of field trips and any other excursion.

A second paragraph was as follows:

I have been informed that the Child-Care Center does not, at present, possess any personal liability or property insurance and is therefore for all intents and purposes, uninsured.

U. OFFICER/ENLISTED USAGE OF CENTERS

In the past, child-care centers were utilized primarily by enlisted members and their families. In fact, many centers were originally opened and operated by enlisted wives clubs. This pattern has apparently changed substantially as can be noted from the following three examples.

One center (with a weekly fee of $22.00) reported the following approximate officer and enlisted usage pattern.

	Officer (%)	Enlisted (%)
Drop-in	40	60
Full-time	30	70

A second center (with a weekly fee of $22.50) reported this pay grade composition:

	Officer (%)	Enlisted (%)
Drop-in	60	40
Full-time	60	40

A third center (with a weekly fee of $27.50) reported the following data concerning its parents:

Pay Grade	Number of Parents
Fulltime Children	
E-2	1
E-3	6
E-4	10
E-5	25
E-6	32
E-7	13
E-8	2
O-1	3
O-2	10
O-3	6
Drop-In Children	
E-5	4
E-6	9
E-7	3
O-3	8
Before and After School Care	
E-5	5
E-6	6
E-7	6
E-8	2
O-1	0
O-2	3
O-3	4
O-4	1
Totals for All Children in All Programs	
E-2	1
E-3	6
E-4	10
E-5	34
E-6	47
E-7	22
E-8	4
O-1	3
O-2	13
O-3	18
O-4	1

V. SUMMARY

In this chapter many topics were discussed. It is mirror image of the variety of topics discussed with directors, staff and others. The quantity of Navy child care, the directors and staff, base support for the centers, fire safety, budgets, and base instructions are all discussed with the intent to not only state specific facts but to describe some of the prevailing problems. There was also an expectation that readers would have questions such as, "What fire discrepancies exist in other centers?," or "Why don't all the centers have sinks in the infant rooms?" or "Why have not all bases promulgated instructions regarding the operations of the base child-care center?" Those questions must go unanswered for now. There is one question however, which remains to be discussed in this thesis: What is the quality of the child-care centers? This is the subject of Chapter V.

V. THE QUALITY OF NAVY CHILD-CARE CENTERS

A. INTRODUCTION

The previous two chapters described the operations, policies and services of the eighteen child-care centers in the sample. This chapter turns to the subject of the quality of the thirteen child-care centers in the sample which were visited by the author. No investigative effort would be complete without a statement regarding quality, though any statement on that subject is to some degree subjective. The approach used here will be to evaluate the quality of Navy child-care centers as other Navy parents might do. The author collected various "checklists" and research-based guidelines which parents might utilize in evaluating any child-care center, Navy or otherwise.

It must be assumed here that the quality statements apply only to the thirteen centers visited by the author. In addition, the quality statements apply only to the "drop-in" and full-time programs offered at these centers, and not the preschool programs. The latter tend to be of a generally higher quality with better facilities, equipment and staff.

B. THE REFERENCES

There are many resources available which discuss child-care centers. They are readily available in magazines and newspapers. National organizations and the Federal government also issue quality guidelines. Some resource material was developed for use by parents, and some was primarily for use by directors or staff of centers. The following resources were used to evaluate quality; the source and a brief rationale for inclusion is given after each title:

1. The First Report of the National Day Care Study. Children at the Center (March 1979:p. 1)

   The National Day-Care Study was sponsored by the Department of Health, Education and Welfare. The purpose of this study was to investigate "quality and cost in center-based day care for pre-school children, and to a lesser extent, for infant and toddlers." It was included as a standard because it was a research-based inquiry into quality.

2. "Some Ways of Distinguishing a Good Early Childhood Program" (undated)

   This pamphlet was published by the National Association for the Education of Young Children, an organization whose focus is on early childhood education and development. It was included because it was a checklist that was broad in scope, yet relatively short. It was written by child development experts.

3. "A Parents Guide to Day Care" (1980)

   This booklet is published by the Office of Human Development Services in the U. S. Department of Health and Human Services. The purpose is to assist parents in choosing day care for their children.

4. "Day Care in the Nursery School"

   This is a section in Nursery School and Day-Care Center Management Guide (Cherry, 1978:pp.284-286). It

is a description of the most important principles of day care. It was included because its purpose was to assist nursery school directors in designing day care (full-day) programs.

5. "Assessing Quality Day Care; A Checklist"

Published in "Day Care & Early Education" in the spring 1980 issue (pp. 9-11). It is a checklist written by two professors, A. Sodorman and A. Whiren, of Family and Child Sciences at Michigan State University. Its purpose, as stated by the authors, was to be "a simple checklist against which minimal standards for quality in any center could be assessed, either by center staff, by an agency or by consumers."

6. "Day Care for Your Children" (1974)

This booklet was published by the U.S. Department of Health and Human Services. Its purpose was to offer "some guidelines to help you select the right day care arrangements for your children" and "some general advice on what to look for in selecting a day care facility."

7. "Day Care for Your Children Should be Carefully Chosen"

This is a newspaper article written by Connally Toland. It appeared in the Monterey (California) Pennisula Herald on 16 January 1981 (p. 23).

8. "The Day-Care Book" (1979)

This book was written by Dr. Grace Mitchell. Its purpose was to be a "guide for working parents to help them find the best possible day care for their children."

9. "What You Should Know About Child Care Centers"

This article was written by Patricia Cooney Nida and published in LadyCom Magazine (April 1980:pp. 18-22; 42-44; 46). LadyCom is available through military commissaries. The article discusses military child-care centers and includes a safety checklist for parents to use in evaluating a base child-care center.

10. "The Working Mother's Complete Handbook" (1979: pp. 56-64)

This book by Norris and Miller is a guide for working mothers. One chapter concerns child care outside the home and includes a checklist for observing a day-care center.

11. "How to Select a Child-Care Program" (undated)

This pamphlet was published by the Child-Care Resources Center in Cambridge, Massachusetts. The purpose of the Center and also the pamphlet is to help parents in choosing child-care arrangements.

12. "Standards in Day-Care Centers for Infants and Children" (1980)

This booklet was written by the Committtee on Infant and Preschool child of the American Academy of Pediatrics. Its purpose is to aid pediatricians, in their role as community advocates for children, in assisting day-care centers in providing quality child care.

C. THE CRITERIA

A review of the references indicated that there are many criteria for judging quality. To select a short list of criteria from the many references and the criteria available was, to say the least, no small task. The list given in Table 51 reflects those recommendations/guidelines that were specifically mentioned in a least four of the twelve resources described in the previous section. However, many of the criteria on the list were mentioned more than four times. Table 52 shows that number of times each criteria was mentioned and in which resources they appear. A definition of each criteria follows in succeeding sections along with a

Table 51

CRITERIA FOR JUDGING QUALITY IN DAY-CARE CENTERS

1. Inspected and licensed.
2. Professional/trained director.
3. The staff has child-related education or training.
4. Safe, clean, healthy environment.
5. Sufficient indoor and outdoor space.
6. Sufficient equipment and play materials.
7. Sufficient opportunities for physical development.
8. A developmental program to provide for intellectual growth.
9. Warm, homelike environment.
10. Low child-staff ratio.
11. Small group size.
12. The health of the child is protected and promoted.
13. Staff members have a warm, friendly rapport, and good relations with children.
14. Parental involvement and communication exist between parents and staff.

Table 52

CRITERIA AND THE SOURCES

	Inspected and Licensed	Professional Trained Director	Staff Child Related Education	Safe, Clean Environment	Sufficient Indoor & Outdoor Space	Sufficient Equipement & Play Materials	Sufficent Opportunities for Physical Development
National Day Care Study			X	X			
NAEYC "Some ways of Distinguishing Good Early Childhood Programs"	X			X	X	X	X
"A Parents Guide to Day Care"-HIS	X		X	X		X	
Nursery School and Day Care Center Management							
"Assessing Quality Day Care; A Checklist" Day Care & Early	X	X	X	X	X	X	X
"Day Care for your children" HHS	X	X	X	X	X	X	X
"Day Care for your children should be carefully choosen" Monterey Pennisula Hearld	X		X			X	
The Day Care Book G. Mitchell	X	X	X	X	X	X	X
"Your Child Care Checklist"- Lady Comm Mgz.	X			X		X	
The Working Mothers Complete Handbook			X	X		X	
"How to Select a Child Care Program" Cambridge Child Care Resource Center	X			X	X	X	
American Academy of Pediatics Standards for Day Care	X	X	X	X	X	X	

Table 52 (Continued)

CRITERIA AND THE SOURCES

	Developmental Program for Cognitive Growth	Warm Homelike Environment	Staff Ratios	Sizes	Child Is Protected & Promoted	Attitude & Relationship to Children	Involvement and Communications
National Day Care Study	X			X	X	X	
NAEYC "Some ways of Distinguishing Good Early Childhood Programs"			X	X	X	X	
"A Parents Guide to Day Care"-HIS		X	X	X		X	
Nursery School and Day Care Center Management		X			X	X	X
"Assessing Quality Day Care; A Checklist" Day Care & Early	X		X		X	X	X
"Day Care for your children" HHS	X				X		
"Day Care for your children should be carefully choosen" Monterey Pennisula Hearld	X	X	X		X	X	
The Day Care Book G. Mitchell	X	X	X	X	X	X	X
"Your Child Care Checklist"-Lady Comm Mgz.		X			X	X	
The Working Mothers Complete Handbook			X		X	X	
"How to Select a Child Care Program" Cambridge Child Care Resource Center	X		X	X			X
American Academy of Pediatics Standards for Day Care	X		X	X	X	X	X

rating of the Navy child-care centers surveyed by the author.

D. INSPECTED AND LICENSED

Nine of the twelve references mentioned the need for child-care centers to be inspected and licensed by the state. Most of the authors assumed that all child-care centers are state licensed or federally regulated.

The eighteen Navy child-care centers that were included in this survey were, for the most part, only inspected by the base fire marshall and preventive medicine unit (PMU) personnel. None was licensed by the state in which the base is located, or by the Navy. Only last year (16 January 1981) were Navy child-care centers regulated by a Navy-wide instruction (See Appendix G). This new instruction primarily addresses health, safety, building requirements, child-staff ratios, etc. It does not address programmatic aspects and does not require inspections to obtain a license from the Navy or any other agency.

E. PROFESSIONAL, TRAINED DIRECTOR

Four of the twelve references specifically mentioned the necessity of a professional director in a child-care center. Dr. Grace Mitchell stated the following the The Day-Care Book (1979:p. 124) in reference to caregivers in general:

> ...I would state that in every day-care center I believe there should be someone who holds a degree in

Early Childhood Education, who can plan and supervise a program disigned to foster growth and developement....

In reference to the director, Dr. Mitchell also states (p. 111):

> When I first started out on my travels, I thought the caregivers held the key to the quality of the program. They are with the child day after day, and throughout the day, but as I watched them at work in many different types of day care I gradually came to the conclusion that it is the director who controls quality. It is the director who selects the staff, screening them to find the best mix of talents and personalities. It is the director who trains and supervises them, and who controls the conditions which make their work enjoyable.

She continues later in this chapter (p. 124):

> I have left the description of the director for last, though I stress that she holds the key to quality of the day-care center. Everything that has been said in this chapter emphasizes the importance of her qualifications.
>
> The director should be an educator, an astute business manager and a public relations representative....
>
> The Director who has these many talents and uses them well will be able to allocate responsibility and train other people to handle many of the routine parts of her job so that she can devote her energy to the fine tuning that leads to excellence.

The American Academy of Pediatrics (1980:pp. 10-11) states the following in regard to the qualifications of a center director:

> In addition to meeting the general personnel requirements, the director should have completed a minimum of 24 semester hours or an equivalent number of quarter hours of credit in courses dealing with child development, the

nursery school, child psychology, personnel management, administration and related subjects or have equivalent experience.

Of the eighteen Navy child-care centers in this survey, six had a professional director trained in child development or early childhood education. The other twelve directors were experienced but may have only a few college level credits in child development or, early childhood education or day-care administration.

F. THE STAFF HAS CHILD RELATED EDUCATION OR TRAINING

Seven of the twelve resources recommended that parents ask about the education or training level of the staff. The National Day Care Study (1979:p. 25) cited staff having child specific education/training as being one of the major characteristics associated with quality day care, the other quality indicator being small group size. Dr. Grace Mitchell in The Day Care Book recommended thirty hours of child-related training education for every caregiver.

As observed in Table 39, Chapter IV, there were centers which have little or no staff with child-related education. Of the eleven centers where percentages could be computed, forty-nine percent (including the directors) of the staff had education beyond high school level. This training was not necessarily child-related, however. The centers which had a trained director tended to have staff with more training.

G. SAFE, CLEAN HEALTHFUL ENVIRONMNET

All but two of the twelve references specifically mentioned the importance of a safe, clean, and healthful environment. The following questions, quoted from the NAEYC pamphlet, "Some ways of distinguishing a good early childhood program," are representative of those mentioned in the references describing safe, clean environments for children:

1. Are there evacuation fire drills held at least once a month?
2. Are the bathroom and diapering areas clean?
3. Are cribs and high chairs stable and in good repair? Are they clean?
4. Are electrical outlets covered?
5. Is there sufficient ventilation?
6. Are there at least two exits from each room?
7. Are all fire exits unblocked and unlocked?
8. Is the playground surface under swings and climbing equipment soft enough to prevent injuries? (Not black top.)
9. Are first aid and evacuation procedures posted in each area available to all staff?
10. Are there enough toilets so that children do not have a long wait?
11. What is the noise level? (Too loud? Or absolute silence? Are staff barking orders to children? Are many children crying?)

It was the observation of this investigator that none of the eleven characteristics above were consistently met in

the thirteen centers visited by the author. There was at least one case of unclean or unhealthful conditions in every center visited. For example, one center had not held evacuation fire drills for over two years. In a second center, the fire exit was via two other rooms and the room held thirty-nine children, though its maximum capacity was fifteen according to the assistant manager. In another center, the author observed unclean potty chairs and an infant pushing the lid off the trash can where disposable diapers were placed. This same center did not have devices to cover electrical outlets. Two centers were noticeably hot and stuffy. There were two centers in which there was only one exit from the room or the exits were into other rooms. Inspectors at one center documented two instances of locked or blocked fire exits. There was one center with an inadequate number of toilets for the number of children usually present. There were at least two centers in which the noise level was very high, one due to multiple crying toddlers and one due to three groups of children, all of whom were under three years old, in one large room. In both centers the noise level was extremely high. In another center, toddlers (thirty-three at the time) were given suckers to eat while playing on a playground. Such a mobile snack for such a large group with only two caregivers is, in the opinion of the author, neither safe nor healthful for toddlers.

It must also be stated that most centers visited were very clean and sanitary. The author observed enough unhealthful conditions, however, such as painting being done in a infant room and the lack of water sources in diaper changing areas, that a rating of "outstanding" cannot even be given for this basic requirement. While toys and cribs may for example, be sanitized daily, this author feels there were still significant problem areas.

H. SUFFICIENT INDOOR AND OUTDOOR SPACE

Six of the twelve references discussed space, both indoor and outdoors. The following questions concerning space were given by the National Association for the Education of Young Children (NAEYC):

1. There is ample indoor and outdoor space: about 35 square feet of free space per child indoors and 100 square feet of space per child outdoors.

2. Is there space for active play, and still enough other space where quiet play may go undisturbed, both indoors and out?

3. Is there space for children to work alone as well as in groups?

4. Is there sufficient floor area for a cot for each child during rest periods, with space for an adult to move between each cot?

5. Is there a place for each child's personal belongings, such as a change of clothes, completed projects, or other personal possessions?

The Cambridge Child-Care Resource Center states the following regarding physical space:

> After you are satisfied that the space is safe, there are other considerations. The space, and the amount of materials, should be adequate for the number and the age-range served. Check on whether the space is set up for groups to work and play together, and also for private quiet space when children want to be alone. Are rooms arranged so that children can choose one or several activites or must they all do the same thing at the same time?

At five of the visited centers, there was insufficient square footage indoors when you use the thirty-five square feet criterion. All of the centers had adequate outdoor space when you apply the one hundred square foot per child rule, with one possible exception. In the latter instance, the play area was fairly well equipped and had green grass under foot. It was inadequate in terms of square footage, but it had other favorable charateristics.

The questions concerning adequate space for quiet play or places to be alone cannot be answered affirmatively for the thirteen visited centers. It was consistently the impression of the author that children were rarely alone or in small groups of two or three.

I. SUFFICIENT EQUIPMENT AND PLAY MATERIALS

Nine of twelve references specifically mentioned the importance of having sufficient play equipment and play materials. The references discussed, in addition to the amount and variety of equipment/materials, the importance of its age appropriateness and its accessibility to children. The NAEYC pamphlet states the following in regard to equipment and materials:

A good center provides appropriate and sufficient equipment and play materials and makes them readily available for each child's enjoyment and development.

Are there large pieces of apparatus to climb on such as balancing boards, boxes and ladders? Is there an ample supply of blocks of all sizes, wheel toys, balls, shovels, carts, and dramatic play props to foster physical and motor development as well as imaginative play?

Are there ample natural materials, sand, soil, clay, water, wood, etc. to stimulate the child's exploration and self-expression?

Are there a variety of wooden puzzles, pegboards, construction sets, and other small manipulative equipment available for children's selection? Do they promote problem solving activity?

Are books of poems, pictures, and stories that the child can understand and enjoy accessible? Are these books age appropriate, attractive, and of good literary quality?

Are there plants and/or animals for children to learn about their care and growth? Are they maintained in a sanitary manner? Are they safe for young children?

Are there opportunities for musical experiences through songs, rhythm, and simple tone instruments?

The Cambridge Child-Care Resource Center (p. 4) suggests parents evaluate a potential center by asking these questions:

Can children reach paint, puzzles, books and other materials on their own or do they have to ask a teacher for everything? Are there both quiet activities (table games, pegboards, crafts, etc.) and activities where the children can move around (dancing, climbing and jumping, dress-up, etc.)?

With two exceptions, the thirteen visited centers had insufficient equipment and play materials. A significant amount of equipment was donated and did not stand up very

well to hard use in a center. One center for almost 100 children had one indoor slide which was moved from room to room. Similarly, rubber dishpans of small toys were rotated periodically. Two rooms had one wall unit of sixteen drawers which was the only play equipment in the room. It was also the impression of the author that in addition to insufficient equipment, what was in the center was not readily accessible. The author began referring to this as the "put away" syndrome. Books in one center were kept in the office. They were purchased at a garage sale by the director with her own funds. The author seldom observed shelves of books in any of the visited centers, except, for example, a teacher standing in front of the four year-olds reading to the class. If the centers have them, they are not out on shelves for children to look at or read.

In regard to balancing boards, boxes, ladders (other than slide ladders), blocks of all sizes, wheel toys, balls, shovels, carts and dramatic play props, there seemed to be limited amount of these toys. Blocks were seen at several centers, but they were in insufficient quantity.

The other items mentioned in the NAEYC and Child-Care Resource Center were not observed. Sand toys were similarly unavailable. If these centers have these items, they appear to be under restricted access. Wood puzzles, pegboards, construction sets, and other small manipulative equipment

were not readily available for childrens' selection or in sufficient quantity.

At this point, the difference between closed and open structures must be made in order to discuss "availability to children (Prescott, 1978:p. 13)." With three exceptions, the visited child-care centers had closed structures. Child development specialists refer to structure in which caregivers rather than children choose the groups activity as "closed." Typically, the observed centers had closed structures. There appeared to be very little room for individual choice. For most children, the caregiver chose the activity and it was generally a group activity. In one center that was attempting to establish "learning centers," (Science Center, Food and Nutrition Center, Art Center, etc.), shelves were empty awaiting castors on the cabinets so that the cabinets could be padlocked face-to-face, further limiting access.

An example of such a closed structure was the "thirty-eight children in a room for fifteen" mentioned in Chapter IV. All of these children were playing with Lego blocks (small plastic building blocks that snap together). Left to their own devices and sufficient alternatives, it is doubted that these thirty-nine children would all have chosen to play with Lego toys.

J. SUFFICIENT OPPORTUNITIES FOR PHYSICAL DEVELOPMENT

Four of the twelve references specifically mentioned the need for sufficient opportunities for proper motor development. Dr. Grace Mitchell in The Day Care Book (1979:p. 41) listed "climbing, crawling, balancing, hanging, sliding, riding, swinging, building, and digging" in her checklist for parents. These opportunities are necessary both indoors and outdoors, and for all ages (as appropriate) served by the center.

The author observed the playground areas and indoor equipment in all thirteen centers. With one exception, all the playgrounds are equipped. It is the author's perception that much of this equipment was designed for older children (four to eight year-olds, for instance). For example, in one large well-equipped play yard for toddlers, there was one piece of equipment that these children could not get on or off by themselves. The seat of this space vehicle was at least four feet off the ground. In another center, the toddler playground was equipped only with a swing set and the swings were tied back on all of the authors' visits to this center. The play yard for older children at this same center was well equipped, however.

Few centers had separate play areas for children under two years of age which resulted in younger children being endangered on equipment which was too old for them. Only two centers reported having an infants only outdoor area,

two have combined infants/toddlers areas and two are planning to designate such areas. The rest of the centers either do not take infants outdoors or use areas designed for older children.

K. A DEVELOPMENTAL PROGRAM

Seven of the twelve references specifically mentioned the need for a developmental program to meet the intellectual and cognitive needs of children. Dr. Grace Mitchell (1979:pp. 82-86) described a creative developmental program as follows:

> Most of the features of the indoor environment described thus far would be found in a program offering custodial care. A child's physical, social, and emotional needs would be met, but that would fall short of our goal. To complete the square, we look for something in the environment that will stimulate and challenge the thinking process. The skills for living go hand-in-hand with the tools for learning and the child practices both, in what the profession calls interest centers. These are special areas designed and equipped in a way that enables a child to explore and master this world through the medium of play.
>
> Block Play
>
> I have often said that if I could select only two pieces of equipment I would choose blocks for the inside and a sandbox for the playground. Blocks are expensive, but essential. Ideally, there will be large, hollow blocks for building houses and other major construction efforts, blocks for floor play, and small blocks to use on a table. The child discovers the "two of this shape and four of this shape will make one like that" and in that way he is learning math. When the child finds out how to lay the blocks so the building will not topple over, he is on his way to becoming a science engineer, an architect, or a contractor. Physical dexterity is involved in block play, and the give and take involved in a group project is a social experience. One parent told me, "The first thing

I look for in choosing a center is a good selection of blocks. If they do not have any I look elsewhere."

In the block corner we will expect to see such accessories as cars, trucks, traffic signs and figures depicting people and animals. These change as the observant teacher sees the need for additional motivation.

The Housekeeping Corner

Second in order of importance is the housekeeping corner, which will have a child-size stove, refrigerator, sink, pots, and pans for cooking, and dishes for eating, a small table and chairs, and a bed for the dolls. A play telephone is in constant use, and we learn a lot about the child and how he views the world as we listen to his conversation. When space permits, I like to see two housekeeping corners. This adds a new social dimension to the play as children visit or phone their neighbors. In or near the housekeeping corner will be a supply of dress-up clothes, including such accessories as shoes, pocketbooks, and perhaps a suitcase. Where will you go with your suitcase?" I heard a teacher ask a child. "I'm going to Florida," was the answer. I'm not, I'm going to Canada to see my grandmother," Tommy piped up. "What will you need to take to Florida?" was the next question. "Will it be the same kind of clothing Tommy will need in Canada?" Books, maps and globe were consulted, the children brought in pictures from magazines and postcards. As the interest spread into other activities it led to a discussion of transportation and food. It spilled over into other area and so it went on.

That is an example of the multiple learning that will take place in an environment that stimulates a response!

Reading Corner

Next we look for a library or reading corner. It should be secluded and inviting. A piece of carpet or shaggy rug, some large pillows, a small rocker, bean bag chairs, or a tire with a pillow in the middle all invite the child to enter and look at the books displayed on shelves or a rack. Books should be changed frequently and selected to supplement the program.

The Science Corner

The science corner will have scales for weighing things, and tools for measuring; magnets and a magnifying

glass; shelves to hold displays and books to find out more about them. Some people put a few shells or a bird's nest out for children to look at and call it science; to be effective there should be something for the child to do.

Art

The art area will be a busy place with painting, clay and other modeling materials, crayons, magic markers, chalks, and "elegant junk" to encourage creativity.

Woodworking

I am pleased and at the same time, concerned, when I see woodworking included in the preschool program. It is a very satisfying activity, but saws and hammers, screwdrivers and drills are potentially dangerous unless there are enough adults available for careful supervision (at least a ratio of one to four)!

Waterplay

Waterplay is within the means of even the most impoverished center. As children stand at a sink or water table, pouring, measuring, using tubes and funnels and strainers, they are also learning science. This is a very relaxing medium for the high-strung child or one trying to adjust to a new environment.

Learning Center

A learning center will have tables and chairs where children can play with puzzles, small cars and toys, manipulative materials such as Lego, Lincoln Logs, pegs, beads, and educational games.

Ideally, there should be a place and equipment for the release of physical energy. When young children are confined indoors for any length of time this excess steam can build into an explosion, as every mother well knows. When centers are in schools or churches, they often have access to a gym or auditorium, but in the average center space is at a premium and caregivers will have to stretch their imaginations to include this necessary component in the program. A tumbling mat, a punching bag, some lightweight aluminum climbing equipment can be used in separate areas and combined into one large piece, a trampoline, a place where it is permitted to throw something against a wall these are only a few of the ways I have seen this handled.

Language Laboratory

> The development of speech and language is one of the foremost goals in the preschool program. It takes place throughout the day in every other activity, but occasionally a special area is set aside, equipped with letters of the alphabet in a variety of materials (wood, plastic, cardboard, sand paper, etc.) and paper for copying words and letters and making books; a typewriter, or some of the more expensive self-teaching devices on the market may add to the learning dimension.
>
> The areas of interest in a child-care center change throughout the year. It would be unusual to find all of the activities I have described going on at the same time, but if none of them are in evidence a parent should look elsewhere.

Perhaps two or three centers of the 13 that were visited have a creative developmental program for preschoolers such as that described by Dr. Mitchell. The majority did not have learning centers. The latter are not a requirement in order to have a developmental program, but it seems to be a most efficient way to meet cognitive needs and be fun at the same time. Some centers attempt to do paper and pencil/ crayon activities or cut, color, and paste to meet these needs. It is the perception of this author that this is, as Dr. Mitchell (1979:p. 89) called it, "watered down first grade." These activities, with twenty or more children at tables with a teacher in front teaching, are in the author's opinion a poor substitute, for the learning-center approach. Some centers had too little space or had financial constraints which had prevented this approach from being implemented thus far. Other centers simply had so many children

that it was apparently necessary to continue custodial care and closed structures.

L. WARM, HOMELIKE ENVIRONMENT

Five of the twelve references mentioned the importance of a warm, homelike environment in child-care centers.

Harkness, and Kingma (1978:p. 284) in the Nursery School & Day-Care Center Management Guide described this type of environment in a child-care center and the rationale for it:

> Fifty percent of the children now attending the Community Nursery School stay for the entire day. Some come as early as 7:00 a.m. and go home as late as 6:00 p.m. Because this is a long, long time for little children, some aspects of the entire nursery school program have had to be modified in consideration of the special needs of day care.
>
> When a child stays all day the most important single consideration is to insure a home-like atmosphere. Even in modern brick, cement, and glass buildings, many things can be done to increase the comfort and security of the children, and to lend a hominess to the environment. Some of the ideas we have emphasized in the Community Nursery are:
>
> Love and Warmth
>
> Although warmth is a prerequisite for all programs for young children, it becomes of even greater importance in a day-care setting. All adults in the school community, including office staff, cooks, maintenance persons, and others, should be persons who are nurturant toward children. The staff must constantly be aware that their primary objective is to give daily to each child the individual attention, love, and understanding that the child needs.
>
> Environment
>
> The physical environment should be planned so that the furnishings and room arrangements have homelike areas.

Pillows, small rugs, and informal furnishings offset the austerity and formality of the basic school structure. Colors should be warm and comfortable, and not limited to the traditional red, blue, and yellow found in so many places.

It is the perception of this investigator that none of the thirteen centers visited by the author had a warm, homelike atmosphere. On the contrary, pillows, small rugs and informal furnishings were observed in only a few places. Rooms without any furnishings were observed in several centers.

Large empty rooms with youngsters en masse, stood watching visitors as the only entertainment. Many rooms were sparsely furnished with toys and could not be described as, comfortable, warm, homelike places.

M. LOW CHILD-STAFF RATIOS AND SMALL GROUP SIZES

Eight of twelve references specifically discussed the importance of the child-caregiver ratio and six stressed group size. The National Association for the Education of Young Children (NAEYC) pamphlet states the following regarding both of these critera indicating quality.

1. Are there enough adults both to work with the group and to care for the needs of individual children?
2. Are there at least one teacher and an assistant with every group of children, regardless of size so that if one has to be busy with a particular child the other may be responsible for the rest of the group.
3. Are there no more than fifteen to twenty children in a group? Are younger groups of children even smaller?

The Cambridge, Massachusetts Child-Care Resource Center pamphlet describes this state's regulation as follows:

1. For infants, ages zero to fifteen months--one adult with every three children in groups no larger than seven children.

2. For toddlers, ages fifteen to thirty-three months--one adult for the first four children, and another for the next five, in groups no larger than nine children.

3. For preschoolers, ages two years to nine months to four years to nine months--one adult for every ten children in groups no larger than twenty children.

4. For afterschool groups in which most children are younger than seven years old--one adult for every fifteen children no larger than thirty.

The American Academy of Pediatrics (p. 20) states the following regarding the size of groups in child-care centers:

> Planned activities should usually be confined to fewer than sixteen children within an area such as a room, or a portion of a large room or playground. Small groupings of children engaged in related activities should be formed and be the responsibility of an individual caretaker.

The National Day-Care Study (Ruopp, 1979:pp. 27; 23) makes the following recommendations about group sizes:

> A group size limit of eight or twelve should be imposed for infants, and a limit of twelve should be imposed for toddlers.
>
> The group size requirements for three, four and five year-old children should be no more lenient than eighteen children per group.

The National Day-Care Study (p. 14) also described the differences between large and small groups and the relationships to quality:

Qualitatively, these findings imply that smaller groups, especially those supervised by lead caregivers with preparation relevant to young children, are marked by activity and harmony. Caregivers are warm and stimulating. Children are actively engaged in learning and get along well with others. Presumably as a consequence of this type of day care experience, children also make rapid strides in acquiring the skills and knowledge tapped by standardized tests. Larger groups, especially those supervised by caregivers without education or training specifically oriented toward young children, present a contrasting picture. Caregivers fall into a passive posture, monitoring activities of many children at once, without active intervention. In such an environment, some children get lost. Apathy and conflict are somewhat more frequent than in small groups. Gains on standardized tests are less than they might otherwise be in day care settings.

Dr. Grace Mitchell (1979:p. 121) also discussed ratios in her book:

> One of the most heatedly debated issues in the day care community is the adult-child ratio. It is difficult to say what is best because there are so many variables. If there are too many adults, they will do too much for the children and keep them from developing independence and self-reliance On the other hand, when one teacher is responsible for too many children she is not able to give the individual attention they need. The ratio will not be the same in a center where the children are emotionally and intellectually deprived as in a center where the children come from homes where they receive a great deal

of enrichment and attention. In a single, large classroom where the toilets are accessible so the children can use them without being accompanied by an adult, and when there is a easy access to fenced-in playground, the ratio may be different than when the center is in a school or church where the children have to be taken outside the classrooms to the toilets, and where the whole group has to wait until the teacher is ready before they can go to the playground.

The advent of infants and toddlers into the day-care community is comparatively recent, and the ratio required to give these little ones the loving, nurturant care that is essential to their development is still a matter for discussion. My own experience with a ratio of one adult for four babies, or two for nine, has convinced me that this is reasonable, but there are states where the licensing regulations are much more lenient.

(The following comments reflect the ratios and group size as observed prior to the promulgation of the Navy's instruction on child care. The new instruction requires specific child-staff ratios for different age groups which were not in effect at the time of the author's visits.)

During the visits to the thirteen centers, group sizes were considerablu larger than those recommended. The following are examples, all from different centers, observed by the author.

1. Thirty-nine children were in a room for fifteen with two caregivers, one of whom was a full-time staff member and the other was a sixteen year-old CETA employee employed for the summer. Both caregivers were standing over the children; neither was interacting with the children except for keeping order.

2. Twenty-four infants were in one room on the floor with four staff members. None of the staff members, at the time of the interview, had had child-related care.

3. Twenty-six toddlers were in a room with two staff members.

4. Thirty children under two years with four caregivers. Seven caregivers were asigned; one was absent and two were on maternity leave.

5. Seventeen toddlers (eighteen months to two years old) with were one caregiver in their room. Ten infants and one caregiver. Forty-three children were on a playground with three caregivers sitting on the nearby steps. Thirty-three toddlers were with two caregivers; these children were on the playground from arrival in the morning until lunch (about 10:45 a.m.).

N. THE HEALTH OF THE CHILD IS PROTECTED AND PROMOTED

Nine of the twelve references discussed the importance of protecting and promoting the health of the child. The NAEYC pamphlet described this criterion as follows:

1. Does the center require a full written report from a health care resource before a child is admitted?

2. Are all bodily functions included in the examinations?

3. Does the center help parents arrange for regular examinations?

4. Are the records kept up to date regarding growth, immunizations, and childhood diseases?

5. Does the center have a health consultant on call?

6. Is there a plan to transport a child to emergency service, if necessary?

7. Is a person trained in first aid always available?

8. Are there adequate first aid supplies safely stored out of reach of children?

9. Are the supplies periodically checked and kept up to date?

10. Is there a place provided in case a child who is ill or upset needs to rest with an adult away from the group?

11. Is the program planned so the children have the benefits of sunshine, daily outdoor play, with balance between quiet and vigorous activity?

12. Do the children have sufficient rest?

13. Is there observation of the child's health and fatigue level during the day?

14. Are they served well-balanced, varied, and attractive meals at appropriate intervals?

15. Are nutritious, mid-morning and mid-afternoon snacks provided?

16. Are medical records and physical examinations required for all staff members?

17. Are there adequate provisions for sick leave so staff members can remain at home when they are not well enough to be on duty?

Information concerning pre-admission health certification is presented in Chapter IV. It appears that there is considerable variation in what is required concerning health certification. Only one center reported in its official documents that a physician (medical officer) was specifically assigned as a consultant at the child-care center.

Only a few centers actually had space for an isolation room for children who become ill. One center had an isolation room designed into the building but was using it as an office space.

At six of the centers, lunches were provided by parents. Some of the centers which served lunches were more than adequately meeting the nutritional needs of the children, but there were great variations. Snacks also varied. One center, served potato chips, exclusively. Another center

served carrot sticks, celery stuffed with peanut butter, etc. Some centers served Koolaid; others served milk, for early morning snacks.

O. STAFF MEMBERS HAVE WARM, FRIENDLY RAPPORT WITH CHILDREN

Ten of the twelve references mention this criterion as an important indication of quality. Dr. Mitchell (1979: p. 30) states the following:

> First, I looked for people touching each other; an adult with his arm around a child; a teacher administering a comforting pat in passing children, who in turn responded with affectionate hugs or stroking...I was looking for comfortable laps-frequently occupied.

Norris and Miller (1979:pp. 61-62) in their book described caregivers as follows:

> You are looking for responsiveness to children.... Does she look directly at a child and listen to him carefully, or is she glancing nervously around the room to see how the group is doing? Watch for the caregiver who gets on her knees to talk to a child at his level. This is a good sign...Is the caregiver basically accepting rather than judgmental? Do you hear her rewarding positive actions rather than issuing a lot of don'ts and no-no's.

The Cambridge Child-Care Resource Center pamphlet (pp. 2; 3-4) also emphasized the relationship of staff to children as one of four main areas in determining the best child-care program. They stated:

> The people taking care of the children are the most important part of any child-care arrangement. You should look both at the number of staff and the quality of each caregiver. Staff-members will be with your children while you are away and it is crucial that you feel happy and confident about them. A good staff will often make up for less-than-perfect surroundings and materials, so we urge you to carefully consider what the teachers working with

your children are like. Some qualities to look for in child-care workers are whether they are involved with the children rather than just directing their activities; whether they speak conversationally with children and listen to what they say, rather than just telling them what to do; whether they seem to like children and whether children seem to like them.

Look for people who genuinely enjoy being with very young children. How can you tell? They know each child; they know their names and what they like or dislike; they know what scares them and how to comfort them; they know each child's special habit's.

Look for staff who are sensitive to children, who help them cope with experiences like their first separation from their parents, toilet training, learning to share.

Look for people who know how to care for infants and young toddlers. They don't prop bottles; they hold the infants and cuddle them during feedings; they talk to them during diapering and other routines. They place infants in appropriate positions so they can observe what is going on around then, and give them toys to handle or explore.

Look for staff who are interested, alert, relaxed, patient, but confident in setting limits. In disciplining a child, they don't call across the room. They go to the child and suggest alternative solutions to problems, explain dangers, and establish consistent responses to problem behavior.

Look for adults who listen to what children say (infants and toddlers included) and who treat children with respect.

Listen to the adults tone of voice. They should be able to communicate approval, limit setting, humor and range of emotions clearly--even in the short time you are observing them.

In terms of the above descriptions of child-staff relationships, the author did not observe much touching, hugging, patting, occupied laps, getting on knees to talk to children, holding and cuddling of infants, or talking conversationally. There was not always a warm, friendly

rapport between staff and children. The National Day-Care Study's (1979:pp. 14-16) description of large groups, previously quoted, was an accurate description of the author's observation: "Caregivers fall into a passive posture, monitoring activities of many children at once, without active intervention." Caregivers frequently did not seem to be present emotionally. Caregivers had so many children, many of whom were drop-ins, it appeared as if they saw no point in really trying to do any more than make sure diapers were changed once an hour, children taken outdoors, and brought back in, etc. Nesenholtz (1976:pp. 141-142) stated:

> While problems vary from center to center, there appears to be two chief reasons that account for the difficulty of maintaining adequate-quality day-care programs on military facilities. The first reason is the problem of transience. In terms of survey data, it is evident that a high percentage of children in military day care are drop-ins. This characteristic creates difficulties in maintaining a continuity of curriculum during the day. The children who, themselves, are dropped-in may feel rejected or frightened, creating still further demands on staff. Discontinuous days, as well as discontinuous weeks and months, place stress upon the caregiver-child relationship, and add frustrations and anxiety to an already high-risk set of circumstances.

Nesenholtz' description closely approximated the observations of the author. Drab working conditions, long working hours, too many children and the frequent comings and goings of drop-ins would tend to discourage even the most highly motivated caregiver in establishing warm, friendly relationships.

P. PARENTAL INVOLVEMENT/COMMUNICATION WITH PARENTS

Five of the twelve references used by this author discuss the importance of parental involvement and communication with parents. Soderman and Whiren (1980:pp. 10-11), in their checklist list the following:

Provides families meaningful opportunities for participation:	Yes/No
In policy making	_____
In program planning	_____
In home visits	_____
As resource persons	_____
Communicate to families through:	
Newsletters	_____
Conferences	_____
Home visits	_____
Classrooms open to visitors	_____
Planned social functions	_____
Day to day contact	_____
Speakers, films, programs	_____

The American Academy of Pediatrics (1980:p. 4) states the following in regard to parental involvement:

> There should be a regular, understood channel of communication from the board to the parents. The board must assure itself that it has sufficient rapport with parents so decisions of the board will reflect the concerns and hopes of the parents...All centers should have a governing or advisory body consisting of interested citizens from the community at large, including parents of children placed in the center and professional in the day-care field. At least fifty percent of the board should be parents of children in the day-care center. If the center is not for profit, the governing body should have policy-making responsibility.

Table 19 (Chapter II) indicates that three centers of the eighteen surveyed had a formal board of directors or

parent advisory board. Of these three, only one had parents on the board.

In addition to the lack of parent advisory boards, it is the observation of the author that interaction and communication between parents and staff was discouraged by the practice in at least five centers of leaving children at the front desk and having parents pick them up there also. This meant that, unless parents insisted, they would not see where their child had been all day, and who was in charge of their child. Such practices discourage feedback to the parents and, ultimately, involvement by the parents who may know little about the center, except its hours and cost, unless they take the initiative and insist on talking to their child's caregiver or the director every day.

Q. SUMMARY

It was stated at the beginning of this chapter that it was a major task to determine a short list of criteria by which to evaluate child-care centers. It was similarly difficult to judge the centers. Two points must be made concerning the evaluation as given in this chapter. First, if <u>each</u> center had been evaluated against the checklist, most centers would have been rated very well in some areas and poorly in others. In a rating of all the centers at once such as provided here, the tendency was to focus on the example in which centers in general rated poorly. This

method provides more information on the types of problems found by the author, which was the purpose of the discussion.

Second, to improve quality in any organization or institution it is necessary to examine closely and identify the problems. It was not always easy or pleasant to have to state the problems observed. The author feels that the directors also tended to tell her what the problems were, thus leading the author to negative conclusions. None the less, stating the extent of the problems is the first step in improving quality.

VI. THE NAVY AND CHILD CARE

A. INTRODUCTION

As stated in Chapter I, the Navy has a large child-care system which has been in existence for many years. This thesis has been focused on how a sample of these centers operated, and how a sample of active-duty Navy women perceived child care in the Navy. This chapter addresses some of the current issues relating to child care which face the Navy.

The Navy is currently programming in the Five Year Defense Plan (FYDP), considerable funding for new child-care centers, and for professional (general schedule level) child-care center directors. These changes will take time. For example, the directorships of the seventy-one Morale, Welfare and Recreation operated centers will be converted from non-appropriated fund employees to general schedule (GS) employees over a three year period, at a rate of approximately twenty-five per year. New centers will similarly take time to build. In the interim, policies and programs can be enhanced which will enable Navy child-care centers to better support the needs of Navy personnel. A clear definition of the purpose of Navy child-care and corresponding increased prioritization within Navy programs can ensure that Navy child-care centers contribute

positively to retention and readiness. It is also the opinion of the author that Navy child-care center quality can and should be improved, in the interim, while new buildings are built and general schedule directors are hired. Good policies in the short-term can positively influence the child-care experiences of the children and their parents.

B. CHILD CARE ISSUES

What are the child-care issues facing the Navy? The following is a list of some of the most critical questions and issues which must be answered by Navy policy makers:

1. Who needs child-care services in the Navy? (Is it just single parents?)
2. What are the purposes of Navy child care?
3. How do child-care programs relate to retention and readiness?
4. What are the current child-care program priorities?
5. What should the child-care program priorities be for the 1980s and beyond?
6. How should new Navy child-care center buildings be designed?
7. What are the goals and purposes of the new Navy regulations?
8. How should the new Navy regulations be changed?
9. Should Navy child-care centers be inspected and/or licensed?
10. How should Navy child-care centers be funded? How much should child-care cost Navy parents?

11. How can the quality in Navy child-care centers be improved in the short-term?

12. What are the alternatives to child-care centers?

13. Could the Navy stop providing child care?

C. CHILD CARE: WHO NEEDS IT?

1. Single Parent Families

The number of single-parent families is rising in the United States. Divorce and premarital births have caused the percentage of single parent families to rise to 19% of all families with children in 1979, up from 11% in 1970 (Associated Press, 17 August 1980:p. 1). A recent demographic report on Navy personnel and their families (Orthner & Nelson, August 1980:p. 27) estimates that about 1% of Navy families are headed by a single parent (approximately 4500 members). While single parents are found in the Navy, their numbers are relatively small. Single parents do need child care but the study of childcare centers (presented in Chapter III of this thesis) showed that children of single parents represent only a small proportion (about fifteen to twenty percent) of the centers average daily total number of children. A related finding was reported in a recent study of Air Force families, Families in Blue (Orthner, 1980:p. 22). That report showed that only twenty-five percent of Air Force single parents use base child-care facilities.

2. Dual (Military) Career Families

One of the women who answered the Active-Duty Women with Children Survey wrote this comment:

> ...(We) are expecting our first child in October 1980. Already we've encountered difficulties concerning child care:
>
> (1) Military and civilian day-care centers only take children after six months but I have to start work after my child is one month (old).
>
> (2) Husband will remain at his present duty station, where he occasionally has to go (away) four to five days at a time. In January 1981, I'm to be transferred to (base name)...where...I'll have the duty every third night. What do you do with a three month-old for five days at a time...?
>
> (3) A live-in housekeeper/babysitter is expensive and disrupts family privacy...to find a babysitter to take the baby too, at 6:30 or 7:00 a.m. will disrupt the baby's natural sleeping rhythms... husband will have to leave at 6:15...and I'll be leaving at 0530...we don't know where to look for babysitters or care centers....
>
> I like being a Navy physician but all this seems very confusing and disorganized...(and) quite uncomfortable.

The husband is a Navy pilot and this couple is indeed encountering difficulties.

Orthner & Nelson (1980: p. 34) in a recent demographic study, of the Navy stated:

> As more women choose careers, the number of female Navy personnel will increase, as well as the number of dual military couples.... This will demand greater sensitivity toward duty assignments, lengthening separation, and increased support and responses to their needs.

These authors suggest that dual careers in the military will increase and that these families will need an expanded support system.

3. Families With a Working Mother

There are other groups who need child-care services besides single parents and dual-career military couples. Families in which the civilian spouse of the military member works full- or part-time, may also require child-care services. One Naval Air Station reported to the author that eighty-three percent of the military spouses of military members at that station were employed. Orthner & Nelson (1980) stated the following concerning this family type:

> The traditional Navy family consisting of Navy male member and civilian wife will continue to predominate in Navy families. With increased career options for women, however, policies will have to shift to greater support of that family type. It will be increasingly difficult to assume that a wife will follow her husband through continuous moves and support the family emotionally and economically in his absence....

Orthner & Nelson (1980:p. 18) state that "fatherhood is an important role for married Navy men." They also state, in marriages of Navy men to civilian women, "more than seventy percent of these marriages" have one or more dependent children.... Fifty percent of these children are under six years of age."

These two facts about Navy families imply that more wives are choosing to work and that Navy marriages produce children. Because the children tend to be under six years of age, it follows that the need for child-care centers will increase.

A look at who was using Navy child-care centers during this survey and the services available gives some indication of who needs child care. Fifty percent of the average center's business is for full-time care. Only fifteen to twenty percent of the full-time business was from single parents and active-duty women. The remaining thirty to thirty-five percent was from families with a non-working civilian spouse who needed drop-in care.

In some centers, full-time care accounted for a much higher percent of the center's business. The child-care program at Naval Air Station, Alameda, for example, offered only full-time care at the time of the survey. Yet, single parents and active duty-women still represented approximately fifteen percent of the full-time spaces. At Alameda, the majority of the center's business was from families with a civilian working wife.

There are many who need child care for non-work related reasons too. A military spouse whose husband is deployed often needs hourly drop-in care in order to do errands or to have time to herself. (Scavo & Diffendal, 1980:p. 25). She may find she needs to return to work, and needs drop-in care while she looks for work. The transferring families need drop-in care while they prepare for the move or while household goods are picked up by the movers. Families arriving at new duty stations, may need drop-in care while they look for housing since they may not have

friends in the area, and later when they receive their household goods. For the past thirty years, the Navy has been providing drop-in care, but the last decade has found Navy child-care centers providing more and more full-time child care. There is an increasing need for before- and after-school programs. Thirteen centers of the eighteen surveyed for this thesis (see Chapter III) had such programs. Many parents want preschool programs for their children. Fourteen centers in the Day-Care Center Survey had some type of pre-school program. They are generally well attended and in some cases the preschool programs were the centers' prime source of income.

Military parents also need emergency care for their children (as when a parent is hospitalized), traditional baby sitting (so parents can have an evening out), and traditional daytime babysitting (so children will not have to accompany parents to the Navy exchange, commissary or to the hospital clinics). Finally, some parents need baby-sitting during religious services (Scavo & Diffendal, 1980:p. 26)

4. Watch Standers

Watch standers are another group that require child care but whose needs had not been met by the centers surveyed. The term "watch standers" refers to those individuals who have duty (active-duty women and single parents, primarily) for twenty-four hours and must spend the night at

their work place or elsewhere on base. Child care for this situation presents many difficulties for the parent, the child and the overnight care person/facility.

The parent must find a family, friend, relative or facility willing to care for children at night on an intermittent basis, as often as every three days or perhaps once a week or month. The parent may find they have a child-care problem every week. A second problem for the parent is one of logistics: how to get the child to the overnight care place if it is different from the day care. The parent cannot leave work to take the child(ren) because she/he is on duty. She/he may or may not be able to rely on her/his spouse, particularly if he is deployed, has a second job or is not co-located. The person or persons who care for the child(ren) at night may not be able to provide transportation due to not having a car or distance to the day care provider.

A child-care center has its set of problems, too, if it tried to provide over night care. The center must provide beds, bathing facilities, evening and morning meal, and caregivers. Only two facilities were ready to provide three meals per day; none could immediately provide bedding and bathing. Yet a steady theme through the comments was the need for twenty-four hour care or extension of hours. Families in Blue (Orthner, 1980:p. 37) found that "longer hours" and improved quality were consistently requested by

Air Force families. In a mini-survey at one center, the director asked fifteen active-duty women who used the center for full-time care what they did with their children before the center opened in the morning. It was found that three women left children with husbands, one woman left her children with a babysitter, one with a neighbor and ten women took their children with them to work.

5. New Arrivals

There is the final "group" which is generally not mentioned when discussing child-care needs; this group is composed of families who are just moving to a new area as a result of military orders. Previously, mention was made of the need for drop-in child care while parents look for housing and while household goods arrive. These parents also need drop-in child care while they look for permanent full-time care. It is most discouraging to have to look for housing and child care and try to get settled in a new apartment or house in a new city all at the same time. In low population areas as well as in big cities, the problems can be overwhelming.

6. Summary

The foregoing descriptions of categories of families who have child-care needs show that the need for child care is not limited to single parents or even active-duty women. It is also not limited to Seaman or third-class petty officers. Drop-in care continues to be needed but full-time

care has become equally important. There are different family types in the Navy and these family types have differing needs.

D. THE PURPOSES OF CHILD CARE IN THE NAVY

What are the purposes of having child-care centers on Navy bases? Traditionally, child-care centers were places where a military spouse could leave her children while she went to the exchange, commissary, wives club luncheon, or hospital clinic, etc. It was also used on Friday night so that parents could go out for the evening. Those needs still exist, but there are other reasons for the operation of child-care centers in the Navy.

One respondent to the Active-Duty Women with Children Study wrote:

> I don't see how people can afford to bring up children on Navy pay...I watch a few kids for single-parent mothers for free, while they work straight mid-watches for three to six months at a time. What Navy facility is open for watch standers' hours? Some are open to 12:00 p.m. or 1:00 a.m. on the weekends for the "party goers;" why not keep them open all night for "workers." Most people I know can't use Navy child-care centers because they don't open until 7:00 a.m. and that's the time they have to be at work and no boss wants to hear about his people being fifteen minutes late because of a "personal problem." The rest of my friends can't use the facility because the fees are outrageous or because of lack of room.
>
> During my overseas tours, there was a military couple who both worked nights and had nowhere to leave their son. I remember many nights he had to sleep in their car that was parked outside our work building. I'd like to see situations like that cease through the Navy's help.

Navy child care is for use by people who work as well as for by people who play. The latter is a valid reason; it's just not the only one. This petty officer felt the Navy should help through family support systems (of which she felt child care was just one method).

There is a second major purpose for Navy child care. The Navy is an employer. The Navy has begun to advertise in base newspapers headlining; "The Navy Wife: it's the toughest job in the Navy." The advertisement goes on to say: "It's not easy being a Navy wife especially when we take your husband and send him to some distant part of the world. These months are difficult for you and we know...but we try to make life easier for you with benefits you won't find in civilian life. We want to keep the good families in."

This retention-oriented advertisement, in effect, acknowledges the Navy's role as employer. In its appeal to the spouse, it also acknowledged the importance of the Navy spouse in retention. Several authors discussed the role of families and their impact on retention. McCubbin, et al., (1978:p 50) stated:

> ...the authors maintain that military families, while certainly sharing some problems with their civilian counterparts, are subjected to unique stresses and problems that are not always amenable to help from existing federal, state and local programs and that responsibility for developing sound policies to minimize and alleviate those stresses lies clearly within the military system itself. If the goal of a high quality, all-volunteer force in to be realized, the system cannot ignore the patent influence of the family on the recruitment, performance and retention of military personnel.

Another author (Nichols, 1978:pp. 63-65) stated:

> If military families do not get the services they need, or which they feel they need, the services will not get sufficient members of personnel to meet operational requirements. As a result, many of the problems affecting families which could be ignored in a draft environment take on greater urgency now.

McCubbin, et al., states that: Navy families are subject to unique stresses. Nichols states that if families don't get support services, than retention will be more difficult. One of these support services is child care. The Navy is an employer who asks nothing less than twenty-four hour readiness, middle of the night watches and weekend duty, yet few child-care centers sampled attempted to assist the Naval member in meeting his/her obligations beyond the normal workday schedule.

There is a third reason for providing child-care services, particularly twenty-four hour care. A military member is on-call twenty-four hours a day. Landrum (1979:p. 1) paraphrased remarks by Major General Walter Reed, the Judge Advocate General, who stated:

> The demands as they relate to the military mission requires that military members always be ready to meet the mission--along with the weapon systems and equipment. Readiness in the case of military members requires that each person be mentally and physically fit; be disciplined; obedient and responsive to authority; to have attained technical expertise, and lastly be <u>available at all times</u> to command for performance of the mission.

However, "available at all times" is tenuous. In even the small sample of women who were asked "What would you do

at 0200, if you were called on emergency call...," (see Chapter II) there were many who said they would take their children to work during the emergency. Landrum, in interviewing military members (1978:p. 18) discovered this same possibility. She notes:

> I have seen cases of one spouse or the sole parent not coming to work during an alert. In some cases, parents have brought their children to work during the alert. This is probably the worst time to have young children underfoot especially where National Security is concerned...
>
> Many parents with whom I spoke appear unaware of the need to <u>really</u> make different types of child-care arrangements. Many believe there will never be a war, while others state that if the war comes, they are going home with their children. The exercise environment allowed those with children ample time to make their arrangements; however, this luxury will not exist during a crisis.

Child-care centers that were staffed even minimally, could be ready to take children of active-duty personnel (male or female) in the event of a real emergency. By having twenty-four hour care, child-care problems will have a lesser effect on readiness, in general, and the ability of personnel to meet their responsibilities, specifically.

There are, then, at least three reasons why the Navy should provide child care for its members:

1. To enable Navy personnel to get to work at all hours of the day and night.
2. To help retain experienced Navy men and women.
3. To ensure that child-care requirements have little impact on the availability of Navy members and on Navy readiness in general.

E. HOW DO CHILD-CARE PROGRAMS RELATE TO READINESS AND RETENTION?

In the previous section, the purposes of Navy child care were discussed. If, in fact, readiness and retention are the reasons for the Navy's being in the child-care business, then a natural extension of the purposes is to ask what child-care programs (i.e., types of services) fulfill those purposes. From that determination, it is possible to discuss child care program priorities.

The following chart (Table 53) is an effort to associate child-care programs and the purposes of Navy child care, i.e., with either retention or readiness. Where some programs might serve more than one purpose, the primary purpose has been selected for display in the chart. In addition, the principal beneficiary is noted, although there is room for debate in such choices.

Given the above, it is possible to select which programs the Navy should provide. For example, a center which only provides drop-in care does not meet readiness requirements, (and a center which only provides full-time care does not fulfill retention requirements).

The implication of this analysis is that the child-care center programs which are offered, like other quality of life efforts, are justifiable if they enhance readiness and/or retention. It is the opinion of the author that the Navy is beginning to perceive child-care centers on Navy

Table 53

CHILD-CARE PROGRAMS AND PURPOSES

Child-Care Program	Purpose	Principal Beneficiary
Drop-in	Retention[1]	Dependents
Full-time	Retention/ Readiness[2]	Members
Extended Day-Care (including summer programs)	Readiness	Member
Twenty-four hour care	Readiness	Member
Preschool	Retention	Dependent
Friday/Saturday night care	Retention	Both
Sunday morning care	Retention	Both

[1]Retention is affected if the working civilian spouse cannot afford or find child care.

[2]Both, if both husband and wife are on active duty.

bases as affecting retention. The perception that child-care centers affect readiness is not so clear.

It is now logical to try to answer the overall question asked in the title of this section. Which child-care programs best support the Navy's mission? From the foregoing analysis, it is apparent that all the programs mentioned previously are necessary programs. They all are appropriate and relate to readiness or retention. The only problem is that there are relatively limited resources to devote to child care. It is probably not presently feasible, from a resource point of view, to implement all of the programs on the list. The Navy centers presently have to maintain a high level of self-sufficiency (Table 49, Chapter III) and a large proportion of the receipts of the center are used to pay salaries of staff. As a result, centers, like other Navy Morale Welfare and Recreation programs, do not have unlimited funding. Therefore, the Navy must select programs which are necessary for retention and readiness. It is the author's opinion that it is possible to select programs which will maximize benefits to the Navy. Prior to a discussion of which specific programs best support the Navy mission, it is useful to look at current child-care program priorities.

F. WHAT ARE THE CURRENT PROGRAM PRIORITIES IN NAVY CHILD-CARE CENTERS?

Table 54 presents two lists of priorities for child-care programs which were being used in the thirteen centers visited by the author. These lists are based on observations of what programs seemed to be receiving the most emphasis in terms of resource distribution. There are two lists, rather than one, because most of the centers used one or the other of these priority lists when allocating staff equipment and space. (The author originally tried to use one list but this proved to be a less accurate description than using two separate lists.)

There are two points that can be made concerning the composition and order of these lists. First, retention oriented child-care programs are at the top of both lists. This is understandable because child-care centers were originally designed for short-term, intermittent care, i.e., drop-in, preschool, evening, Sunday-morning care. Second, neither list has twenty-four hour care on it. This is understandable for the same reasons. The centers were not originally established for long-term, full-time care, much less overnight care, which requires such things as beds, bathtubs, etc. Similarly, until recently, centers did not take children who were under six months of age. Therefore, it is understandable that centers were not staffed or designed for infants under six months on a drop-in basis,

Table 54

CURRENT CHILD-CARE CENTER PROGRAM PRIORITIES
June to November 1980

List 1

1. Preschool
2. Drop-in Care (including infant care)
3. Full-time Care (including infant care)
4. Extended Day Care
5. Evening/Sunday Morning Care

List 2

1. Drop-in Care (including infant care)
2. Preschool
3. Full-time Care (including infant care)
4. Evening/Sunday Morning Care
5. Extended Day Care

much less on a full-time basis. The centers, as it appeared to the author, have in a very short time been pushed into implementing programs for which inadequate resources such as space, staff and equipment, were available. New personnel policies (the enlistment of more women and allowing same to stay on active duty after pregnancy, allowing single parents to remain on active duty), high inflation and high interest rates (encouraging more two-wage-earner families); and inadequate military compensation (OSD Special Study of Military Compensation, October 1979:p. 185) (which perhaps also encouraged more two-wage-earner families) have changed the child-care needs of Navy families. The centers are, as it appeared to the author, trying to respond to these needs and are unable to do a good job of any of the programs except the preschool, primarily for lack or resources. The latter are not authorized by the new regulations which have just been promulgated by the Navy and were discouraged prior to the regulations. Nevertheless, they exist.

The current child-care program priorities (drop-in, preschool, fulltime, extended day care, evening/Sunday-morning care) reflect history. This "Recreation-Retention" model still reflects the emphasis on the short-term care of past decades. Because children were only in Navy child-care centers for a short period, no harm would come to them. This may not be the case for children in Navy centers for full-time care or for infant care. The Navy is currently

programming large amounts of money for child care construction and rehabilitation (to be discussed later) which will generally improve conditions. Staff training and equipment problems are still to be resolved.

G. WHAT SHOULD THE CHILD-CARE PROGRAM PRIORITIES BE?

The previous section presented the current model (as perceived by the author) of Navy child care: the "Recreation-Retention" model. Is there an alternative to this model? What should the program priorities be for the 1980s? The assumption on which such a new model should, in the author's opinion, be based is that whenever possible all programs and policies of the Navy should, first, support readiness (and ultimately support the Navy's defense mission) and second, support retention. It is preferable to have programs and policies meet those goals in that order and they should meet both goals. The question remains, is it possible to have the Navy child-care program meet the readiness goal also, in addition to the retention goal? The author proposes a "Retention-Readiness" model of Navy child care, shown in Figure 2, in which readiness oriented child-care programs receive more emphasis.

1. The Model

Figure 2 is a diagram of the "Retention-Readiness" Model of Navy child care. At the center of the model, around

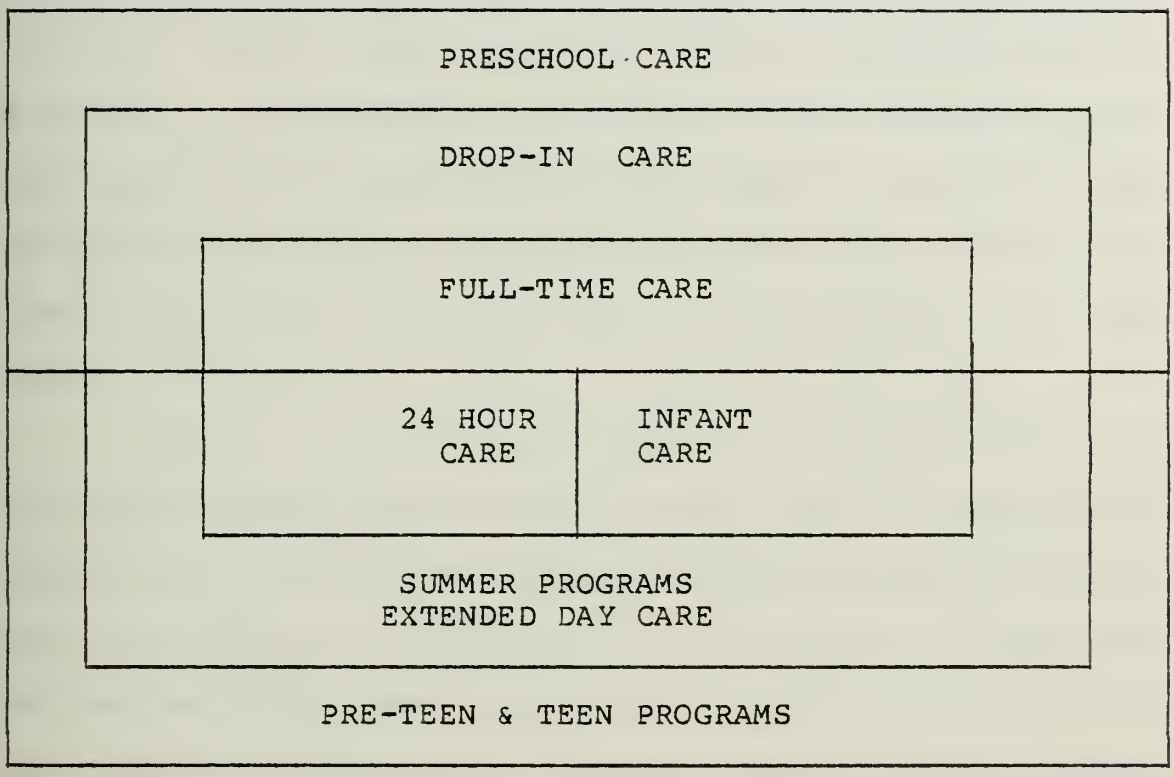

Figure 2.
Retention-Readiness Model of Navy-Child Care.

which are other types of care revolve, are the readiness-oriented programs. Readiness in this context refers to getting Navy personnel to work for normal duty and during emergencies. Full-time care, twenty-four hour care and infant care programs enable Navy personnel to work full-time at their regular jobs and also stand overnight duty as necessary. Infant care is included in the center of the model because Navy active-duty women have to return to work one month after birth, and providing such care enables Navy women to do their jobs even when their children are very young.

The next band in Figure 2, around the nucleus of full-time, twenty-four hour and infant care, is composed of drop-in care and extended day-care summer programs. Drop-in care is retention oriented and it is second in importance due to the unique Navy life style in which fathers (and, occasionally, mothers deploy, leaving spouses ashore (though not necessarily at home) with the children.

The other portion of this band is extended day-care summer programs. These programs are readiness related because they allow personnel to go to work when elementary age children are not in school. These programs will probably grow in importance, if, as hoped by the Navy, retention improves. As parents stay in the Navy and the children go to school, there will be a greater need for after-school and summer programs.

The outer band is composed of preschool care and preteen/teen programs. These programs are perceived by the author as retention oriented because they do not directly assist in getting members to work.

Preteen and teen programs, though not surveyed by the author, are included in the model because they are in existence at some, if not most, bases and because they are child support services provided by Morale, Welfare and Recreation (MWR)

2. Uses of the Readiness-Retention Model

At the onset it must be noted that this model is for application to the Navy child-care system, at the base level, not individual care centers, specifically. The reason for this differentiation is that the best child-care system for the Navy, the parents and the children, is not necessarily center care. It is anticipated that a combination of center care and other delivery methods might be cheaper, provide higher quality care and meet readiness-retention goals more effectively. One should not consider this model as applicable to centers alone.

Second, this model was designed to serve as a rationale for the operation of Navy child-care centers in the 1980s. It could help to justify the expenditures of large amounts of money for construction and rehabilitation of centers. Without such a model, the Navy will have difficulty in justifying such large expenditures to

Congress[1]. A model could also provide a rationale for child-care programs in general, not just those in Navy child-care centers. Teen and preteen programs, summer programs, family day-care programs, etc., are all child support services which need justification and also should relate to readiness and retention.

A well-conceived model would guide the management of the Navy child-care system, not only at the headquarters level but also at the local level. In the former case, the headquarters would be able to recommend program changes based on a general framework. The local commanding officers would also be able to use the model to select and implement child-care programs for reasons related to retention and/or readiness.

H. HOW SHOULD NEW NAVY CHILD-CARE CENTER BUILDINGS BE DESIGNED?

The Navy has programmed in the budget large expenditures for the construction of Navy child-care centers. Details of these expenditures will be presented later in this chapter (Table 55). Some of this funding will be for new construction as well as rehabilitation. How should these centers be designed? Inquiry to the child care coordinator determined

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[1]As of August 1981, the budget cutting climate which exists in the Office of Managment Budget (OMB) and Congress, has already led to cut into the child-care center MILCON funding. It remains to be seen if such funding is eventually reinstated.

that the Navy intends to use designs resulting from an Army study, which have been modified to meet Navy needs. Two points regarding this issue can be made. The first is that design of the centers will probably determine for the foreseeable future the programs that will be implemented by the centers. It is therefore necessary to evaluate prior to construction what child-care programs the Navy should be implementing. The second point is that the design of the child-care center should be based on a model or underlying philosophy/concept. In the previous section, a model of Navy child care was presented. That model or some other model should determine the future designs of the Navy's new centers.

Two cases, one real, one hypothetical, are available to illustrate the necessity of a model-driven building design. The center at Naval Station-Pearl Harbor is a relatively new, modern building. It is the only center of the eighteen surveyed that was designed and built to be a child-care center. It was built by the State of Hawaii in exchange for land for a new road. This building is quite large and has several large grassy, playground areas. The interior rooms are spacious, light and airy. There are four large rooms, a large kitchen, a director's office, bathroom with child level sinks and toilets, a lanai (covered porch). This center is probably the envy of virtually every other military child-care director and probably many civilian

directors, too, because of its physical characteristics. The four large rooms are used, respectively, for infants, toddlers, a sleeping room and a dining area. The sleeping room is also used during rain, along with the lanai, and in the early morning it is used for the creative learning program. The problem with this building, in the author's view is that there is no specific room for children above toddler age. Full-time children above toddler age spend the bulk of their days on the playground. Staff are assigned to the playground rather than to a specific group in a specific area. This center seems to the author to be ideal for drop-in care. No developmental programs required because the program, for the most part, appears to be an outdoor one. This center's programs are a function of its physical design.

A hypothetical example is a center which could be built, based on a model. It is possible to imagine a child-care center which was designed to do drop-in care in one building, another small building for full-time children over the age of 2-1/2 years, and still another small building for preschool and extended day-care programs. At the same time a family day-care home approach, to be discussed later in this chapter, would supplement the centers' services and provide infant care and twenty-four hour care. These two examples are helpful only in illustrating the importance of a model. Each program requires space. A model can ensure

that no program is forgotten. It also, as previously mentioned, helps to justify expenditures for child-care center construction.

I. REGULATIONS OF NAVY CHILD-CARE CENTERS

On January 16, 1981, the Navy promulgated a Department of the Navy instruction regarding the operation of child-care centers on Navy installations. This instruction, OPNAVINST 1700.9, is reprinted in Appendix E of this thesis. Prior to these new regulations, Navy bases could operate child-care centers in accordance with the Special Services Manual (BUPERSINST 1710.11) which stated:

> 311. Child-Care Centers. Child-care/nursery facilities may be operated by Special Services or by private organizations. When operated by Special Services, the facility shall be the complete administrative and financial responsibility of Special Services with all receipts and disbursements of funds being handled in the same manner as perscribed for all Recreation Fund transactions and all employees of the facility being afforded the same benefits as other Recreation Fund employees. This, however, does not preclude the use of volunteer workers to assist in holding operating costs to a minimum. The facility shall be self-supporting with revenue from established fees sufficient to totally offset the cost of operation, including maintenance, the planned replacement of equipment, and facility improvement.

This article was amended in January 1979 so that the last sentence would read:

> Every effort should be made to offset direct nonappropriated fund costs of operation of child-care centers with revenue from fees established for service provided. Improvement of the facility and planned replacement of equipment will be subject to the same funding considerations that apply to capitialization of other elements of the recreational services program.

This paragraph, as amended, was until January 1981, the primary statement that governed the child-care centers operated on Navy installations. The only other formal governing statements were locally promulgated instructions, which were not in effect at five of the eighteen centers in the survey for this thesis (Table 41, Chapter III).

1. The Goals of the New Navy Instruction

The new Navy regulation, OPNAVINST 1700.9, states in its policy and scope paragraph (2.a) that:

> Child-care centers operated on Navy installations will be required to adhere to the minimum standards set forth in this instruction relative to facility design and construction, fire protection, health, sanitation, safety, financial support and staffing ratios.

As such, the goal of this instruction is to establish minimum standards primarily aimed at health and safety. The goal is to provide adequate care for children in Navy child-care centers. For example, the instruction recommends (in paragraph 3.b.) that regularly scheduled full-time children should not be limited to custodial care. In Enclosure (4), Operational Guidelines, the following (paragraph 3) describes the program to be implemented.

> A creative developmental program should be established to occupy the childs time while in the child-care center. In addition to individual and group activities, the program should be varied sufficiently to meet the needs of the various age groups. Program activities may include crafts, art projects (not restricted to coloring books); language arts activities such as drama, show and tell and story time, and large and small motor development activities for muscle coordination.

Staff/child ratios (para. 9.a) likewise are aimed at adequate care at the health and safety level:

> The ratio of staff to children must be sufficient at all times to maintain constant supervision and to quickly effect evacuation in the event of a fire or other emergency.

Taken together, these statements imply to this author that the children's programs be established at a custodial, health and safety level. "Occupying a child's time," implies to this author, custodial care. The point of the staff/child ratios is not to allow sufficient caregivers to implement a developmental program, but to get children out in case of fire. Additionally, it is only suggested that full-time children not be limited to custodial care. It does not require a "whole child" program which fosters growth and development for the full-time children. The new Navy regulations established minimums and, appears to the author to have been written for drop-in facilities rather than for full-time care. Unfortunately, in the average center in this survey, forty-four percent of the children were attending on a full-time basis. Custodial care to occupy their time, is not, in the author's opinion, acceptable for full-time children who spend upwards of forty hours per week in Navy's child-care centers.

2. Preschool Programs

Paragraph 2.b. of OPNAVINST 1700.9 states the following: "Child-care centers within the Navy are not

intended to provide certified or licensed educational preschool programs."

It is the apparent intent of this paragraph to prohibit the operation of, for example, a certified Montessori preschool. It was the observation of the author that no such programs were being operated in the centers surveyed by the author. There was a Montessori preschool being operated on Navy property but not operated by Morale, Welfare and Recreation. Its certification status is unknown.

While the apparent intent of paragraph 2.b. is to prohibit licensed or certified educational programs for preschoolers, the directors indicated to the author during the center visits that the Navy did not want the centers operating preschools, licensed or otherwise. This became known to the author when she inquired about such programs and directors cautioned that the programs could not be called preschools. The Navy actually operates preschools, however, as shown in Table 3 and Table 18 of Chapter III. They are called youth training, enrichment programs, nursery school, etc. It is believed that the intent of paragraph 2.b. above is actually prohibiting educational preschools for preschoolers. It was the author's observation that such programs existed at all but five of eighteen bases covered by the survey for this thesis.

As previously stated (in the Introduction to Chapter V), the preschool programs tended to be of a

generally higher quality in terms of staff qualifications, equipment, etc., then the full-time/drop-in programs. As a consequence, these programs, which were at least discouraged if not prohibited, appear to be taking a disproportionate amount of space, the better staff, and equipment. For example, one center had two buildings: one for full-time and drop-in care; the other for preschool. The latter was not in use at all over the summer of 1980. The preschool was located in a modern building with spacious interiors and was well-equipped. The other building was crowded, noisy and to the author, represented some of the poorest conditions observed during the survey. This was the center in which a room had two staff and thirty-nine children in a room which was approved by the fire marshall for fifteen children. Perhaps better usage of the available space would be utilization of one building for drop-in and one for full-time, children.

The problem being discussed here is one of priorities. It must be noted that the preschools are apparently popular; the primary source of income for some centers was from preschools. However, preschools are not a necessity. Preschools are a "nice to have" and optional, while full-time care is not. It seems to the author, that the full-time children were being short-changed because of the existence of the preschools.

3. Group and Center Size

In paragraph 9.a., the minumum staff/child ratios for child-care centers operated on Navy installations are given. A greater problem than poor ratios which was observed by the author was that of group sizes. The author observed that most of the visited centers maintained some form of child/staff ratios, but group sizes were large and were relatively variable. As discussed in Chapter V, the National Association for the Education of Young Children (NAEYC) recommends no more that fifteen to twenty children in a group with younger children in even smaller groups. The National Day-Care Study (1979:pp. 23; 27) and the American Academy of Pediatrics, (1980:p. 20) both echo the NAEYC recommendations. Yet the new Navy regulation does not address group size. It seems to the author that separate group size restrictions might be established for both drop-in and full-time children. Such separate group size limits would require separating drop-in and full-time children.

Paragraph 9.a also does not require that every group have two caregivers at all times. This is also recommended by the NAEYC. The author observed groups of children in at least four different centers with one caregiver in the room.

The new Navy regulation similarily does not restrict center size or recommend that center size be kept to a certain limit. The director of the NAEYC recommended to the

author that centers be limited to sixty families. She stated that "it's too difficult for staffs and directors to get to know more than sixty families." Yet Navy centers, as observed by the author, were considerably larger than sixty families. To satisfy the growing need in the Navy for child care, an alternative to one center of 200 to 300 children would be to have two or three centers of 100 or less children each.

4. Space Components

Paragraph 2.b. of Facility Standards (Enclosure 1 to OPNAVINST 1700.9) specifies that child-care centers will have a reception area as one of the components of the center. The reception area is defined as an area for delivery and pickup of children. The implication of this definition of a reception area to this author, is that parents would leave their children at the front desk. The child or children would then be escourted to a room by a staff member elsewhere in the building. When the parent returns, a staff member will go to the room where the child is and escourt him or her back to the front desk.

The consequences of this procedure are described in an article entitled "The Day-Care Business" (Lake, 1980:p. 175):

> The convenience factor may loom large to working mothers, and nine times out of ten, a child may bounce out of the car and run eagerly into the center. But an important interchange between mother and staff member is lost. Perhaps the mother might have explained in the morning

that a toddler slept poorly, awoke cranky and needs a little special attention. Or the teacher might have reported in the afternoon that a child appeared listless, as if she were coming down with an illness.

In addition to the lack of contact between parents and caregivers, parents also will not see the child's environment: the number of toys, the activities, the number of staff, the number of children, etc. For children who are in the center once or twice a week for short periods, these consequences are probably minimal in effect. The effects are probably far greater for children who spend eight or more hours a day, five days a week. A reception area is a place to pay for child-care services, and to make reservations, etc., and should be defined as such. Delivery and pick up at the front desk discourages parent involvment and staff/parent interaction.

Paragraph 2.e. of Facility Standards (Enclosure 1 to OPNAVINST 1700.9) also requires each center to have a main area which is defined as: "Adequate activity area to encompass toddler and preschool age children's developmental programs."

Paragraph 2.e. also requires an Infant/Nursery area in which "infants and toddlers shall not be mixed."

Similarly, this author suggests that in the description of the main area, there should be a requirement that drop-in, short-term children shall not be combined with full-time, weekly children. David Nesenholtz (1976:

pp. 141-142) described the impact on quality in general and on children in military day-care centers (quoted previously in Chapter V) as follows:

> While problems vary from center to center, there appear to be two chief reasons that account to the difficulty of maintaining adequate quality day care programs on military facilities. The first reason is the problem of transience. In terms of survey data it is evident that a high percentage of children in military day care are drop-ins. This characteristics creates difficulties in maintaining a continuity of curriculum during the day. The children who, themselves, are dropped-in may feel rejected on frightened, creating still further demands on staff. Discontinuous days, as well as discontinuous weeks and months, place stress upon the caregiver-child relationship, and frustrations and anxiety to an already high-risk set of circumstances.

The effect, then, of mixing drop-ins with fulltime children is to promote instability not only for the staff who already have large groups, but also for the children. The full-time child who already experiences changes in staff during the day, also has a continuously changing peer group. The full-time child in a Navy child- care center, in addition, has both parents who work and a father who may be deployed. A recent statement by Navy officials (Finegan, 1981:p. 8) indicated that deployments are longer now, too, than in World War II and Vietnam. The family may also have not lived long in the area as a result of transfer. The stress on such full-time children because of these factors would seem to be exacerbated by instability in the staffing and playmates at the child-care center.

5. Inspection and Licensing of Navy Child-Care Centers

OPNAVINST 1700.9 does not recommend any formal inspection of the entire center. Similarly, Navy child-care centers are not licensed by the state of location, the Navy or the Department of Defense.

Civilian child-care centers and those which receive federal funds are inspected and licensed by the state which has jurisdiction or the Federal government. The question, therefore, arises, should Navy centers be inspected or licensed? The author believes that they should be both formally inspected and licensed by the Navy for several reasons. The first is that proper protection of the children requires that comprehensive annual, inspection and licensing be implemented. The author's visits found numerous instances of non-compliance with fire safety, etc., which indicate the necessity of inspections, preferably unannounced. In addition to fire safety and sanitation, a comprehensive checklist would check other areas including curriculum, adequacy of materials, safety of play equipment. The second reason is that Navy child-care centers receive federal funds in the form of buildings, equipment, etc. Federal funding generally requires inspections and/or licensing and Navy operated child-care centers should not be an exception.

The third reason is that Navy parents are cautioned by various organizations and authors, including the Federal

government (See Table 52, Chapter V), to check for a current license, which implies inspection, when evaluating a child-care center for use. At present, Navy parents, cannot leave their children in an inspected and licensed Navy child-care center. They must assume that because the Navy operates it, it must be okay.

This is a specious assumption since the Navy has just, for the first time, issued all-Navy regulations to govern operations in the Navy child-care centers. In addition, a report initiated "Quality of Life Parity Analysis for POM-82" (Resource Consultants, Inc, 1980:pp. 3-25) states unequivocally: "The comparative quality of child-care services in the Navy are significantly inferior to that of the other services."

This statement implies to the author that Navy parents should not assume that Navy child-care centers are acceptable places for their children. The author suggests that the implied stamp of approval by the Navy should be replaced by an inspection certificate posted at the front door of every Navy center.

J. HOW SHOULD NAVY CHILD-CARE CENTERS BE FUNDED?

1. Appropriated Funding

In the preceding section, a statement regarding Navy child-care center quality and the other services was quoted.

The following is a continuation of that paragraph (Resources Consultants, Inc, 1980:pp. 3-25-26).

> Attainment of parity with the other services in this area will necessitate a systems approach. Such an approach should extend to include adjustments to the MWR Category III funding balance. If the imbalance between NAF and APF[1] funding is not corrected, then an inferior child-care system for dependents of Navy service-members, as compared to the other services, can be expected to continue.

Table 55 shows that a significant attempt is being made to correct the imbalance and support child-care centers with approriated funds for military construction (MILCON). (Appendix H shows the proposed locations and funding for each location as proposed for FY 1982 to FY 1986). In addition, Table 55 shows the percentage that child-care center appropriated funding represented of total Morale, Welfare and Recreation appropriated MILCON funds in FY 1982 through FY 1986.

In addition to appropriated MILCON funds, funds have also been proposed for fifty-one center directors. These directors will be converted from non-appropriated (NAF) to general schedule employees (GS). Equipment funds ($90,000.00) per year through the Five Year Defense Plan), training funds ($75,000.00 each year for three years), and a contract to develop alternative child-care services for

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[1]NAF refers to on-appropriated funding; APF refers to appropriated funding.

Table 55

MORALE, WELFARE AND RECREATON (MWR) MILITARY CONSTRUCTION (MILCON) EXPENDITURES FOR CHILD CARE CENTERS, CURRENT AND PROPOSED FISCAL YEAR 1980 THROUGH 1986)

	(Millions of Dollars)		
Fiscal Year	Non-appropriated	Appropriated	Percent of Total appro. MWR MILCON
1980	4.1	---	---
1981	---	---	---
1982	---	8.59[1]	72
1983	---	4.99	16
1984	---	4.91	19
1985	---	6.16	33
1986	---	4.62	39
Total	4.1	29.27	---

[1]Does not include the $2.1 million for Trident Program funding for child care at Bangor, WA. and Kings Bay, GA.

locations that do not currently have centers ($100,000.00 for FY 1983) have also been proposed in the budget.

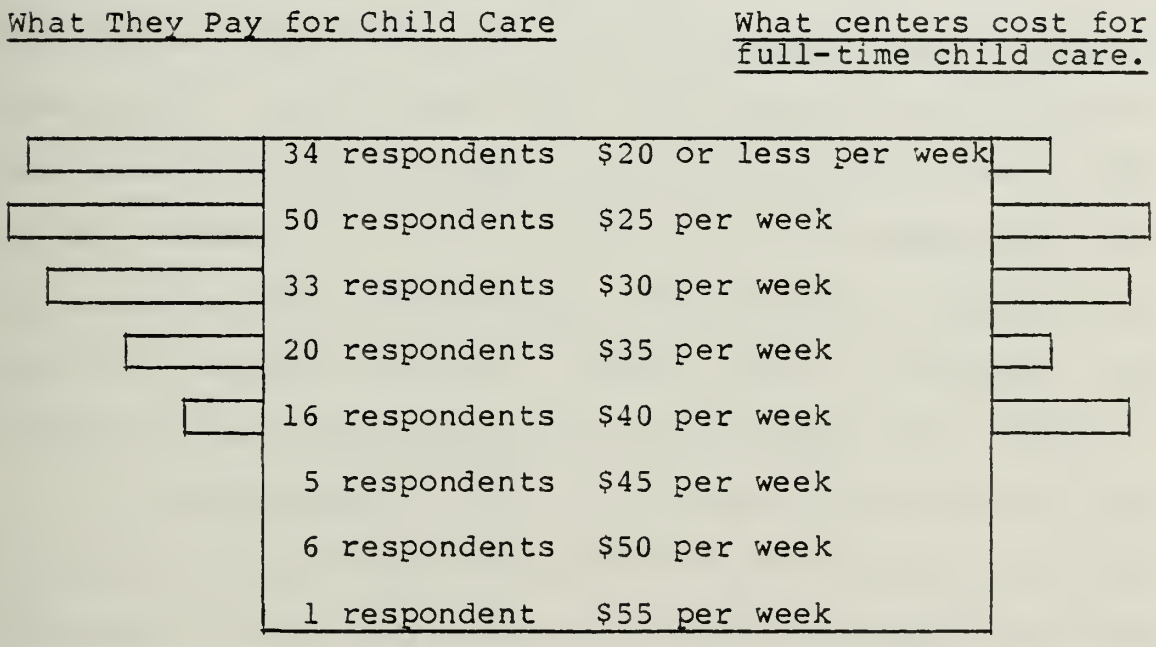
2. The Cost to Parents

An important question related to funding is the cost of child-care services to parents. As shown previously (see the section on Regulations, in this chapter), a decision was made in January 1979 to no longer require complete self-sufficiency of child-care centers. Table 49 (Chapter III) shows that twelve of the eighteen centers surveyed as part of this research were still expected to be totally self-sufficient, though few actually were in the prior year. In a thirteenth center, the command had determined that a ninety percent self-sufficiency level was acceptable, but the Special Services officer had not told the center director; she still thought it was one hundred percent.

The level of self-sufficiency required strongly influences the fees that are charged to parents. One hundred percent self-sufficiency would mean higher prices to parents. Higher rates, however, have the effect of eliminating potential patrons. To quantify this effect, Table 56 compares what active-duty women were paying as reported in the Active Duty Women with Children Survey (Table 13, Chapter II) and what Navy child-care centers were charging for full-time care (Table 33, Chapter III). Almost 1/2 of the respondents to that survey paid $25.00 or less per week and 1/2 of the centers surveyed charge $30.00 or more per

Table 56

A COMPARISON OF WEEKLY EXPENDITURES PAID BY ACTIVE DUTY WOMEN FOR CHILD CARE VS NAVY CHILD CARE CENTER RATES DURING JUNE TO NOVEMBER 1980


What They Pay for Child Care
What centers cost for full-time child care.
34 respondents $20 or less per week
50 respondents $25 per week
33 respondents $30 per week
20 respondents $35 per week
16 respondents $40 per week
5 respondents $45 per week
6 respondents $50 per week
1 respondent $55 per week
(N=196 respondents)
(N=18 centers)

week. This comparison shows that what one group of consumers (active-duty Navy women) are apparently willing and/or able to pay is less than what child-care centers charged at the time of the survey. The higher fees probably put Navy child-care out of reach of some Navy women. One center director interviewed by the author stated she felt that more officers used the center than enlisted because, in her opinion, $22.50 per week was too high for most enlisted to pay. In another center which charged $38.00 per week, the director felt that the center was not full because of high rates. At the same time, there are many Navy families who qualify for food stamps. The Navy Times (McKay, 1980: p. 28) reported that $1.5 million in food stamps were used per month at Navy commissaries, which does not include that used at civilian stores. These families probably find $38.00 per week for child care to be beyond their budgets.

In addition to the two important questions of the self-sufficiency level to be required and the cost of full-time care, is the question of the cost of other child-care center programs, specifically drop-in care. The highest drop-in rate at the 18 centers surveyed was $1.25 per hour, 3 centers charged $1.00 per hour and the average was $0.81 per hour. These rates are low when compared to drop-in hourly rates nationally. In an Alameda, California civilian child-care center, the hourly charge was approximately $3.50

per hour; in Jacksonville, Florida, it was over $3.00 per hour.

The average center in the sample had about forty-five percent full-time children, twenty-five to thirty-five percent hourly, drop-in children. (The rest were preschool programs.) It is the perception of this author that the low hourly rate probably means that parents of full-time children are subsidizing drop-in care. Preschool rates (Table 34, Chapter III) are similiarly lower than typical civilian rates. The existence of preschools and many hourly children at low rates dilute the available resources, and the full-time children are perhaps short changed in the care they receive.

Answers to the questions concerning the cost to parents, and the self-sufficiency levels required are contingent upon the amount of appropriated funding available. It seems impossible to this author to require a high level self-sufficiency, keep the costs to parents down, and to buy equipment/materials to raise quality. It is useful to note that even the Congress, specifically the House of Representative Appropriations Committee (HAC) states the following concerning self-sufficiency (Military Construction Appropriation Bill, 1982. The entire section of this bill relating to child-care centers operated by the Department of Defense is presented in Appendix I): "...(3) the Department

must determine that charges to users will substantially cover the operation of the facility program.

The implication of this statement is that even the House Appropriations Committee did not require 100 percent self-sufficiency. "Substantially" could be construed to mean, that, seventy-five or eighty percent would be acceptable.

K. HOW CAN THE QUALITY IN NAVY CHILD-CARE CENTERS BE IMPROVED IN THE SHORT TERM?

How can the level of child-care quality be improved rapidly and with low cost? The Navy is currently proposing expenditures for employee training, child-care equipment, and the conversion of directors to general schedule employees. All three of these efforts will improve quality over a two to three year period. The author suggests that quality may be improved through other methods in an even shorter time-frame.

One of the primary initiatives would be to phase out the preschool operations except in remote areas where civilian preschools are not readily available. It has been previously noted that the preschools at the centers surveyed had a high percentage of the available space, equipment and trained staff. These preschool programs are apparently popular and are apparently prime sources of income. Regardless of their profitability and popularity, it is not apparently the intention of the Navy to operate preschools.

The Navy currently does not have, in the opinion of the author, the resources to allow preschools to operate when the need for full-time, drop-in and extended day care is necessary.

A second initiative is to improve the management of the drop-in care program. As reported earlier, one center discontinued drop-in care because it lost $28,000.00 in 1 year. The stated reason was that parents made reservations and did not keep them or cancelled them too late to prevent the paying of staff hired for that period of time. This example shows how a drop-in program can be abused.

In addition to pay-in-advance and reservation required, raising the hourly rate so that full-time parents are not subsidizing the drop-in program is also suggested. The command just mentioned has now reinstated a drop-in program, but it is on a parents participation status (an alternative to raising hourly rates).

A third initiative would be at the headquarters level. Quality would probably be improved if the Navy, like the other military services, hired early education, child development or day-care management specialists. This would primarily help improve the guidance given to local commands through formal instructions. Secondarily, a traveling team of Navy specialists (or locally contracted consultants for a specific geographical area) could assist directors with center management. The availability of such specialists for

consultation would probably enhance quality more than any other single effort. The Navy, according to the child-care coordinator for the Navy, is currently in the process of hiring one such specialist. It is the author's observation that one specialist may not have significant impact on the quality of child care: the level of quality and the number of problems as described in this thesis indicate that two or three full-time specialists are probably needed to substantially improve quality in the short- or long-term.

A fourth initiative would be to involve the Family Support Program (OP-152) in child care policymaking for the Navy. At the present time, the Family Support Program has little or no impact on policy and decision making regarding child-care services. Yet, child-care service is a family support program and Morale, Welfare, and Recreation (MWR) is primarily a branch whose historical funcion has been recreation, not child care.

As a result, the Family Support Program would probably be able to assist MWR in policy formulation. The original organization of OP-15 of the Department of the Chief of Naval Operations separated MWR and Family Support Program on the basis that MWR was funded through non-appropriated funds and Family Support was supported through appropriated funds. Since child-care centers are now being supported through appropriated funds, this division is no longer a requirement. It is necessary to enhance quality and improve overall

management of the child-care system. This might be facilitated if the Family Support Program branch were included in policy discussions.

L. WHAT ARE THE ALTERNATIVES TO CHILD-CARE CENTERS?

Figure 1, (in this Chapter) shows a Retention-Readiness Model of Child-Care in the Navy. This model was designed to show the priority of child-care programs. At the core of the model are full-time care, twenty-four hour care and infant care. Full-time care is being provided at most centers and the age limit is gradually being lowered so that infants as young as six weeks are being accepted at Navy centers. Twenty-four hour care is not, however, being currently provided at any center surveyed by this author. Yet, twenty-four hour care supports readiness by enabling watch standers to do their assigned duties. Child-care centers could provide twenty-four hour care, but it would require considerable changes, such as regular bedding (not cots) and bath tubs, etc. These changes would take time to develop. An alternative to twenty-four hour care at centers, which could be implemented quite quickly, is the family day-care home. This approach may be less expensive to the Navy and may also be better for the children. Similarly, infant care which requires lower child-staff ratios, may also be less expensive in the family day-care home, and again, better for the child.

There are two problems with this approach to either twenty-four hour or infant care. The first is that the operators of family day-care homes are a relatively unstable work force. In "Serving Infants," a publication of the Department of Health, Education and Welfare (Huntington, et al.,1979:p. 3) the editors state that:

> Day-care centers usually offer a more permanent setting than family day care, as they are less likely to move their location. They are also able to sustain a program despite changes in staff.

A similar result was obtained in the Active-Duty Women with Children survey. There it was found that the major reason for changing day care was that the caregiver (day-care provider) quit (Table 19, Chapter II). In addition, fifty-two percent of all the change reasons were due to the caregiver discontinuing care or giving poor care. To prevent high turnovers and promote quality care, the Navy might subsidize and regulate (inspect and train) family day-care providers. This program could be implemented through the Family Service Centers who could refer parents, inspect, train, provide toy resources, and determine the subsidy to be granted to each family day-care home operator.

The second problem results from personnel transience in the Navy. If the Navy were to hire Navy spouses as family day-care home providers, the Navy would have to be constantly locating new operators. Navy spouses generally, though not always, move with the Navy member. As a result,

the children might be moved with their own families and also be moved from family day-care home to family day care home. This type of instability is most likely detrimental to these children. A third problem is that in geographically large areas where many families live off base or not in government housing, the difficulty for the Navy in finding, inspecting and providing resources is increased. It also increases the difficulties in matching providers with parents.

The family day-care home approach is attractive and provides solutions to several child-care problems in addition to those already mentioned. It is a solution to the sick child problem: children who cannot go to the child-care center could go to a family day-care home. It is also a solution to the extended day-care needs of parents. It could also be a solution to the need for temporary shelter care. There are problems in implementation but careful planning could perhaps enable the Navy to provide cheaper child-care services with improved quality. It is an option and should be considered by the Navy.

M. COULD THE NAVY STOP PROVIDING CHILD CARE? ANOTHER ALTERNATIVE

The previous section discussed the family day-care home approach as a possible alternative or supplement to child-care centers operated by the Navy. There is another option for the Navy, however, that of providing no child care. This thesis was predicated on current personnel policies of

the Navy: women can remain on active duty even if they have dependents, single parents can also remain on active duty; dual-military career couples with dependents can also remain on active duty. These personnel policies have resulted from the all-volunteer armed forces concept. It is conceivable that if the United States adopted a draft into the United States Army, then there would be sufficient volunteers into the United States Navy. The Navy could subsequently change the above mentioned personnel policies and the need for child care would greatly diminish, if not disappear altogether. The Navy could close its child-care centers.

The deletion from the workforce of the Navy of single parents, active-duty women with children and dual career couples, with children would according to some observers, improve the readiness of the Navy. There would be no more child-care problems to affect the work of the members. The only family type that would remain in the Navy would be male members with civilian spouses. The rest of the members of the Navy would be single. The Navy would resemble a Navy of many years ago.

There are several problems with this line of reasoning. The first is that it is doubtful that the Supreme Court would allow the Navy to change its personnel policies in this manner. No doubt some of those members affected would sue the Navy. It seems unlikely, to this investigator, that married men would be allowed to stay on active duty and have

dependent children, while the married women with children would not be allowed to do so.

The second problem relates specifically to child care. If these personnel policies were changed, could the Navy close its child-care centers? What child-care programs do the remaining family type, military member with civilian spouse, need? It is the observation of the author that the Navy centers would continue to find a demand for the same programs already being provided: drop-in care, full-time care, extended day-care, summer programs, infant care, pre-schools, etc. It is estimated by the author that approximately sixty to seventy percent of the care in the typical center in the survey for this thesis is provided to the family type, military member with civilian spouse. The rest of the care is provided to single parents, active-duty women and dual career couples. Therefore, it is concluded by the writer that the Navy would continue to need its child-care centers. The primary change is that less child care would be required because there would be only one family type. A second change is that twenty-four hour care would probably no longer be needed, since active-duty women, single parents and dual military couples are the ones who generally need this type of care.

These manpower issues cannot be decided just on the basis of child-care considerations. Child care has the potential for affecting readiness and perhaps less far-

reaching personnel policy changes than those mentioned could reduce the impact on readiness. From this manpower analyst's point of view, it is not very realistic to ever expect the Navy to be comprised of only single males and male members with civilian spouse because it would require a resumption of the draft as well as deleting active-duty women with dependents, single parents and dual military couples with dependents, or some combination thereof. The gains in readiness that the Navy could make as a result of such changes may be achieveable through much simpler measures. By adding twenty-four hour care (via centers or family daycare homes), and shifting center program priorities to include readiness in general, child-care problems would probably have less impact on readiness. Thus commanders could have some assurance that members with dependents would be present and on time for emergency recalls, without bringing their children with them. In addition, by including childcare centers in base emergency preparations to ensure, among other things, that centers would be staffed during emergencies, the impact on readiness could be decreased.

Regardless of the personnel policy changes or resumption of the draft, the Navy will probably still find that child-care programs will still be part of the quality of life program. The option to stop providing child-care services does not appear to be viable. The spouse who is left at home

will still need drop-in care. Navy wives will probably continue to enter the work force to enable the family to maintain or improve their standard of living (OSD Special Study of Military Compensation, October 1979:p. 186).

N. SUMMARY

This Chapter presented several issues which face the Navy in relation to its child-care system. There are other questions, such as

- Should infant care be subsidized?
- What emergency preparations should bases and commands be making to prepare for mobilizations?
- How should child-care centers fit into those programs?
- What should Navy require of Navy parents in terms of responsibility and transportation during emergencies and normal watch standing?

Answering these and other questions are part of the management of the child-care system. The answers will determine the effect child care has on retention and readiness. Good answers will enable the Navy to get the maximum benefit from its retention dollars.

VII. CONCLUSIONS AND RECOMMENDATIONS

A. INTRODUCTION

The purpose of this thesis was to determine the need for child care in the Navy. The overall objective was to determine if child-care services in the Navy were affecting retention and readiness. Such determinations must be based on systematic documentation; therefore the majority of this thesis presented such data. With specific knowledge of services, policies and conditions in the centers, the Navy can determine what changes should be made in them. Similarly, with knowledge of the perceptions of active-duty Navy women, the Navy can determine what services, and the quality of those services are desired and needed by them.

B. CONCLUSIONS

There are many conclusions that could be made after the 2 years of research for this thesis. In the succeeding section, only the primary conclusions are stated. The final sections of this chapter will give the recommendations based on these conclusions.

1. Readiness

Child-care problems of Navy families have a potential for affecting Navy readiness.

Child care can affect Navy readiness at three basic organizational levels; member, command and base. If Navy

personnel have difficulty in finding child care, particularly during duty hours; if they have to take children to work or with them during duty; if they do not make advance child-care arrangements or if they have to bring their children to their duty station during emergency recall, then readiness can be affected by child-care problems. If Navy child-care centers are not included in base readiness preparations, then child-care problems can affect readiness. Therefore, if Navy commands do not require their personnel to plan for emergencies (and this survey indicated that the majority do not) child care potentially affects readiness. The indications from this research are that readiness is being affected at all three levels: member, command and base.

2. Retention

Child-care problems of Navy families have a potential for affecting the retention of Navy personnel.

It is now a cliche to say that the Navy enlists a single person and re-enlists a married one. It is also a cliche to state that families influence the re-enlistment decision. If Navy families, be they dual-career, active-duty women, single parents, or the typical male member with civilian spouse, have child-care problems due to quantity, quality, programs or availability of child care, then retention will be affected. The research for this thesis indicated that there was a relationship between child care and

the retention of active-duty women (Chapter II). Further research is needed to determine specific relationships between child care and the retention of the other groups such as the dual-career couples and male military member with civilian spouse. In the latter groups, the wives are being asked to accept longer deployments (Finegan, 1981: p. 8); and perhaps these would be easier to accept if the quality and quantity of child care necessary were available.

3. Purpose of Child Care in the Navy

The purpose of Navy child-care center operations and all Navy sponsored child-care programs is to enhance readiness and retention.

As is the case with many other personnel or personnel-related programs, the primary way to measure efficiency and justify existence is to determine the effect on combat effectiveness. The secondary method is to determine the effect on personnel retention. In addition to justifying child-care services in general, readiness and retention can be used to justify child-care programs, such as drop-in care and full-time programs, twenty-four hour care, extended day-care, etc. Typically, the surveyed center had emphasized retention oriented programs, such as preschool and drop-in rather than readiness-oriented programs.

4. Quality

The quality of the child care available in Navy (MWR) operated centers was low. The highest quality was found in preschool programs; the lowest quality tended to be in the full-time programs and care for infants and toddlers.

The full-time as well as drop in care provided at the centers surveyed is largely custodial or babysitting in nature. The Navy has recently promulgated an instruction which will primarily effect the health and safety of children in MWR operated centers, but will probably have little impact on the quality of the daily programs. The Navy has programmed in the budget large amounts for military construction, but very small amounts for training, equipment and consultation services. The Navy has employed one child development/early education specialist (in FY 1981). Several such specialists have been available to both the Air Force and Army for several years. It is the observation of the author that real improvements in quality will not be effected in the Navy without such consultative support. If, as appeared to be the case during the survey by the author, the typical chain of command for child-care centers is primarily recreation-oriented with little experience in child-care centers, then it can be expected that directors will have difficulty in getting the equipment, staff training or new policies that he or she feels are needed. To be sure,

there were interested Special Services officers, commanding officers and executive officers. However, their special knowledge is recreation or ships or airplanes, not child development or day-care administration.

The Navy has programmed millions of dollars in the budget for military construction/rehabilitation of Navy child-care centers. Such funds will improve the centers physically. It must be clearly understood, however, that very good care can occur in many of the current buildings, in the author's opinion. Quality is more a function of staff training and equipment and group sizes and child-staff ratios, than it is of physical buildings. While certain rehabilitative efforts and new buildings are necessary, quality child care can be effected in the interim. Good consultative effort could affect the daily child care experiences within 1 year's time, instead of 3, 4, or 5 years from 1981. It is the perception of the author that $1,000,000.00 per year spent on equipment, day-care administration consultant contracts and staff training could not only influence the quality of care in the short term, but would probably dramatically influence retention.

5. Child-Care Center Usage

There are two important conclusions relating to the Navy child-care center services:

a. Active-duty women and single parents together constituted less than twenty percent of the child care provided. The bulk of care was provided to families

in which the husband was in the Navy, and the wife was a civilian.

b. Almost one-half of the child care provided at the surveyed centers was full-time child care.

These two findings indicate to the author that child-care needs of Navy families have changed from drop-in to full-time care. On the basis of the Active-Duty Women with Children survey, it is hypothesized by the author that many active-duty women do not use Navy child-care centers because twenty-four hour care is not provided. The tendency is perhaps to use the same child-care arrangement on duty nights as used during the day. If women cannot use the center during duty nights, they are less likely to choose the center for weekday care.

6. Infant/Toddler Care

The quality of full-time infant and toddler care was poor in the centers surveyed by the author.

In the author's opinion, the full-time care being provided to children under the age of two years was inadequate in centers visited by the author. Large groups (twenty-four to thirty-three), low number of staff, untrained staff, poor physical environment were highly detrimental in the author's opinion, in their effects on these children. The U.S. Department of Health, Education and Welfare (now Health and Human Services) published a handbook entitled "Serving Infants" (Huntington, et al.,

1978:p. 3). In the handbook, the editors stated in the preface:

> Day-care programs for infants and toddlers, organized with great care and operated with vigilance, reflect a blending of the conviction of the importance of experiences during the first few years of life; concern about possible harmful consequences if these programs are not well carried out; and satisfaction that such programs meet an acute family need and serve a major function in strengthening family life.

The infant/toddler programs observed by the author did not seem to be designed to meet these requirements. The author frequently wondered how, if parents dropped off and picked up children at the front desk, the staff could strengthen or support the family if they never met. The author also frequently wondered what the effects of "crib and toy" programs would be five and ten years later: would the children be damaged or developmentally delayed? A Navy nurse had seen cases of developmental delay in her work at a Navy pediatric clinic. She spoke to the author at length about cases of developmental delay found among full-time children at the base child-care center. She had talked to center staff about the problems and her comment was "the caregiver didn't even realize there was a problem. She didn't know what she was doing."

The editors of "Serving Infants" further stated:

> The day-care services now in existence for babies range in quality from custodial situations whose only virtue is that the children are fed and protected from physical danger, to superb programs in which the child's environment is enriched in personal, social, intellectual and physical ways that lead to rapidily accelerated development.

The programs observed by the author resembled the description given in the first half of this quote. The editors also state:

> A question for current national planning and setting of priorities and goals is, will we mount these programs at a level of quality that ensures that they are benefical and not damaging? We must take an eyes-open honest look at the real world. In addition to excellent, good and mostly good families, there are also families of all social levels in which terrible things happen to children. Some are so terrible that the child dies or becomes physically or mentally crippled for life. There will be, if we are not extremely careful, day-care services that are equally terrible for very young children. We must not create or sponsor servicies which damage children....

The author feels that the Department of the Navy must also answer these questions. The author did not feel that extreme care is being taken in the care of infants and toddlers in the Navy centers she visited. The child-care coordinator for the Navy, when queried as to what she perceived as the most important problems in the MWR-operated centers, stated that infant care was probably the biggest problem. The author's research substantiated this opinion.

7. The Needs of Active-Duty Women

The needs of active-duty women, in terms of the quantity and quality of child care, and in terms of infant care and twenty-four hour care programs, were not being met.

Twenty-four hour care was not available at the centers surveyed by the author. Infant care programs frequently had waiting lists. Of the ninety-eight active-duty

Navy women who had evaluated a military center during the prior year for full-time care, eighty-four percent had rejected use of the centers. Forty-three percent of the reasons given were quality related (see Table 17, Chapter II). While the proportion of active-duty women in the sample represented a small percentage of the typical center's usage, that proportion might be higher if twenty-four hour care and additional infant care were available.

8. The Management of Morale, Welfare and Recreation-operated Child-Care Centers

The Management and guidance of the child-care centers surveyed was insufficient.

The Navy's child-care center system is locally administered. The new Navy instruction (Appendix E) supports this policy when it requires commanding officers to "establish and operate child-care centers where warranted and justified" and "to establish local policies governing the day to day operation." While the author supports local administration, the author also perceived that there was large variation in the policies. A review of the topics discussed in Chapters III and IV of this thesis serve to illuminate this problem. From minor policy items such as pre-admission health certification requirements and insurance, field trips, to such major differences such as centers which have no drop-in care program or alternatively, no full-time care programs. The decision to have preschool and

not to have twenty-four hour care requires, in the author's opinion, guidance from the headquarters level. Because Navy parents move from base to base, they should find similar, if not identical policies. For example, admission to a Navy center in Naval Air Station, Moffet Field should require the same entrance requirements, as admission to the child-care center at Naval Shipyard, Mare Island.

The new Navy regulations are primarily aimed at the health and safety aspects of the MWR-governed child-care centers. Yet there are many other rules and policy considerations which should be standardized. At the minimum, the local bases need more guidance in their policy setting for child-care centers, if only so the parents will know what to expect. Policies such as the age levels accepted should be determined in conjunction with headquarters.

C. RECOMMENDATIONS

There are many recommendations that could be made in regard to the Navy's child-care system. The recommendations that are presented here are largely macro in nature. One of the requests made to the author during the research was that this thesis should assist commanding officers at the local level, as well as at higher levels, in improving the Navy's child-care program. The recommendations listed below were written from both perspectives. The following recommendations are made:

1. Assuming that the Department of Defense and Navy personnel policies remain substantially the same i.e., no draft, single parents on active-duty women in the Navy who have dependents, and men are allowed to marry and have dependent children, then the Navy is going to continue to need to support families with child-care programs. It is recommended that the quality of child care be improved so that rather than being a disincentive or non-incentive, the availability of quality, child care can be a reason for remaining in the Navy.

2. The Navy should consider how child care impacts on readiness at three levels: individual, command and base. In regard to individuals, members should be encouraged to develop dependent care plans. However, this author feels that these will be quickly outdated if they rely on family day-care providers (even more so if the providers are Navy families). Members should be counseled to make such plans that will be usable on short notice and not require frequent updates. It is recommended, for example, that members be able to arrange to have emergency care provided at the base center at the time of arrival at the duty station. Such immediate arrangements are necessary because members new to the area may not have friends who can assist during emergency recalls, etc.

3. The quality in Navy child-care centers should be improved not only with new buildings, but by training of personnel (both staff and directors) and procurement of equipment. Buildings are a highly visible aspect of quality improvement but that should not be the only means of improvement. It is possible to improve the quality of child care in the short-term through the improvement in management, the hiring of consultants and through the active role of Family Service Centers. The hiring of one child development specialist in Morale, Welfare and Recreation, headquarters is perceived as inadequate, given the 73 MWR-operated centers and the problems observed by the author.

4. The Navy should annually inspect and license centers so that Navy parents do not have to rely on an implied standard of quality as stamp of approval. As a corollary, it is recommended that day-care administration be more standardized than was the case during the time of the survey. For example, the number and type of fire drills per year, admission criteria, meal service should be more standardized among the centers.

5. A model of child care should be developed (if the one given in this thesis is not acceptable) to guide the selection of child-care programs and to enable the Navy to justify expenditures before Congress.

6. In accordance with the new Navy regulations (OPNAVINST 1700.9) that govern child-care centers operated by Morale, Welfare and Recreation, the resources presently applied to preschools (regardless of the name) should be diverted to full-time care, infant care, and drop-in care programs. When funding becomes available after these programs are fully implemented then preschool care could be reinstituted.

7. Full-time and drop-in care children should not be combined. This is recommended as a direct way to improve quality, continuity, and stability for children who are already in a relatively transient environment.

8. A study should be made to determine if, as hypothesized by the author, full-time children's parents are subsidizing the drop-in program because the cost of the latter is relatively low.

9. Full-time infant-care programs should be discontinued for children under one year until quality programming and sufficient trained staff, are available. It is strongly recommended that infant care group size, in accordance with the recommendations of child development specialists, be restricted to a maximum of twelve.

10. Rather than one very large child-care center on each base, two or three smaller centers of a maximum of sixty children should be built. This is in direct support of quality improvement.

11. Buildings should be designed in accordance with a child-care model (such as the one developed in this thesis) that will ensure that the buildings will meet the needs of the 1990s.

12. The need for twenty-four hour care by single parents and active-duty women should be considered and a program be implemented to meet those needs. These may be met through the family day-care home approach as well as the child-care center.

13. The conceptual relationship between the Office of the Chief of Naval Operations (OP-01) and the Naval

Military Personnel Command (NMPC) may also be applied to child care. Conceptually, OP-01 develops policy while NMPC implements that policy. Currently, there is no office in OP-01 (OP-15) that develops child-care policy. For the most part, MWR (part of NMPC) develops and implements policy in relation to child care. At present, the logical office in OP-15 that should develop childcare policy is the Family Support Program branch (OP-15).

14. Every center operated by Morale, Welfare and Recreation should be directed to increase parent involvement. Many authors writing in the areas of day-care administration cited the importance of parental involvement. The new Navy regulations suggested the establishment of local Parent Advisory Board yet it stipulates that parents cannot determine policy. This, in effect, means that parents would have no power and no real influence in decision making. This, in effect, means that many busy parents may be reluctant to be on an Advisory Board. However, without parental involvement, the child-care center would seemingly have a difficult time being an extension of the family when parents have no influence in decision making.

15. Navy Family Service centers should specifically be able to provide information and referral services to Navy families. By maintaining files of community services both public and private, and day-care providers, the Navy Family Service Center can assist families in meeting their child-care needs. Those centers who have a child development, early childhood specialist could provide consultative services to area child-care centers on Navy bases as a collateral duty. Regardless of this latter possibility, the role of the Family Service Centers should be to assist commanding officers in both readiness and retention related child-care problems of base personnel and their families.

16. Child-care center budgeting should be evaluated to determine the lowest level of self-sufficiency that should be required. The self-sufficiency level should be set to ensure quality and to be affordable by parents. In the process of evaluating the budget it is recommended that the budget be evaluated in terms of the costs and benefits of each program, i.e., preschool, drop-in, care programs.

17. Conversion of center directorships from appropriated employees to general schedule (GS) should be

implemented in a shorter timeframe then presently programmed. Fiscal year 1984 is the year when the last 26 director billets are to be converted to GS. This seems to be too long to wait to acquire the services of a trained, professional directors.

18. The currently programmed $90,000.00 per year for equipment purchase for Morale, Welfare, and Recreation child-care centers should be increased. This programming would allow for about $1,250.00 for each center per year. This amount of money is most insufficient given the current inflation rates. This funding would not even purchase one piece of multi-level climbing equipment such as that found in the newer constructed public parks or new day-care centers. It was the observation of this investigator that equipment needs were significant in all of the centers that were visited. The $1,250.00 would not purchase hard wood blocks, puzzles, dramatic play props, etc., that were needed to implement a developmental program for the numbers of full-time children in these centers.

19. The family day-care approach should be implemented on a pilot basis to determine its applicability to the Navy. One of the principles guiding this program should be that it provides stable as well as quality care. Navy children in families subject to transfer, deployment and dual careers/employment must be assured relative stability in their child-care arrangements. It is probably not an improvement in quality if care is changed two, three or four times per year.

20. The U.S. Department of Agriculture food service program should be implemented at the headquarters level. This has already been done in the U.S. Air Force. The Air Force child-care centers, by special arrangement with the USDA, are all automatically enrolled in the food service program. This program enables all centers to minimize costs to parents and as such increases affordability by Navy parents who use food stamps or other welfare programs.

D. FINAL THOUGHTS

There are five items which seem to the author important to say at this point. The first is that many people

assisted the author over the past two years. Center directors were very generous with their time as were the active-duty women who took the time to complete a twelve-page questionnaire concerning their child-care problems and needs. Specific thanks is given to these pople. My appreciation is also given to Dr. Ann O'Keefe of the Family Support Program branch who assisted in questionnaire formulation and travel funding for research.

The second item regards the use of this thesis by the Navy. One of the requests of the center directors was knowledge about other centers on Navy (and other service) bases. What were they like? Few had a chance to visit other centers or even share information with other directors. Consequently, this thesis was designed to enable directors to make these visits. That is one reason why descriptions of such details as admission health requirements and insurance/field trips were included. The initial distribution of this thesis will be to bases that participated in the survey of Navy child-care centers. It is hoped that distribution will be made to the other Morale, Welfare and Recreation operated centers as well.

The third topic concerns new construction or renovation of the Navy's child-care centers, and quality. One of the conclusions of the author was that the centers which were visited as part of the survey did not communicate to those families that they were important to the Navy. Old, World

War II barracks, a quonset hut amongest base warehouses, a women's swim locker room converted into a child-care center, etc., do not convey a feeling that the Navy has dropped the cliche about the Navy issuing a wife and children with the seabag. The buildings housing the visited centers were extremely inadequate. New construction and renovation will no doubt convey a more positive feeling that families are important.

While new construction and renovation will improve the initial impression, the overall quality and the programs available leave a lasting impression. It remains a fear on the part of the author that internal quality may not follow external quality (building rehabilitation or new construction). The eventual outcome of the lasting impression is a positive impact on retention and readiness.

It is possible, however, to positively affect retention even in inadequate quarters. Quality care is not strictly a function of new buildings. On several occasions the author has observed quality care in relatively poor surroundings. At two military bases (non-Navy), the author observed especially good care being implemented, yet these centers are housed in the same World War II barracks as many of the centers used by the Navy.

The fourth point which needs to be made concerns the rationale for child-care services and programs. It has already been stated that child care should be implemented in

the Navy in order to enhance readiness as well as retention. In addition, good child care represents an investment. Good child care can help to retain families. Like the Family Service Centers, good child-care programs and centers represent essential investments in supporting Navy families, particularly those families to Navy wishes to retain for twenty or thirty years. Even if the draft is reinstated, the Navy will still need to retain Navy families, particularly to achieve the petty officer end strength necessary to man a fifteen battle group Navy in the 1990s.

The fifth point of discussion regards the overall management of the Navy's child-care system. In several chapters the author listed many discrepancies found at the centers she visited. Each center had its own group of problems from fire safety, sanitation, food-service problems, the ratios of children to staff members, to the maximum occupancies that were ignored or non-existent. The list seemed endless. Why did these discrepancies exist? There seem to be three major reasons. The first resolves around the importance of Recreational Service, "MWR", in the Navy. The Resource Consultants, Inc., report (Resource Consultans Inc.) 1980:p. E-7 states that the Navy had been spending considerably less per capita on recreation support than have the other services. Recreation has had almost a step-child status in the Navy as compared to the other services. It is therefore not surprising that child-care centers have not

been supported in the past. Fewer recreation dollars have meant that lower priority programs, such as child care, have gotten less dollars.

A second reason relates to MWR itself. Within MWR, child care has been less important because MWR personnel, have for the most part have tended to be recreation-oriented rather than family support-oriented. Without a single specialist in day-care administration, early childhood education or child development, there has not been a strong advocate to lobby for child care until very recently. The Family Service Program currently represents such a lobby. For example, when the Navy was recently interviewed concerning single parents and child care, a leading Washington, D.C. newspaper interviewed Dr. Anne O'Keefe, director of the Navy Family Support Branch (Sawyer, 21 June 1981:p. A-5).

The third reason relates to the lack of such a day-care administration specialist at the headquarters level. This lack has an effect on the guidance which can be given to local commands operating child care-centers through MWR. The operation of a child-care center, be it civilian or military, requires professionals who have insight into child development and child-care administration. There has not been, in the author's view, a sufficient amount of expertise in the MWR headquarters to provide management and guidance to ensure that the Navy does not provide detrimental care.

The host of discrepancies presented in this thesis attest to the problems.

It is in the Navy's best interests to operate child-care centers for two important reasons: 1) it will enhance readiness and retention, which is a major goal of the Navy at this time; and 2) it will provide a source of pride not only for Navy families but the Service as a whole. Dr. Beverly Schmalzreid as quoted in the Washington Post (Sawyer, 1981:p. A-5) states:

> Because military parents lack the freedom of civilian life, they need care that is more than equitable.

Appendix A

ACTIVE-DUTY WOMEN SURVEY

This survey concerns the child-care needs and problems of active-duty women. It is the first such survey to be done in the Navy, so your opinions are very important. If you would like a summary of the results, please put your name, address, and phone number on the attached card--not on the survey itself. This procedure is to protect your privacy.

This survey is being done with the sanction of the Naval Postgraduate School, although I am fully responsible for the contents of the survey.

Permission from your commanding officer is required for you to take this survey. If you answer the questionnaire as part of a group, you may assume permission has been granted by your organization. If, however, you are given the questionnaire by an individual, you must receive permission from your commanding officer to participate before filling it out.

Thanks for helping

ALL RESPONSES ARE CONFIDENTIAL!

PLEASE CIRCLE THE ONE BEST RESPONSE THAT GIVES THE MOST ACCURATE ANSWER. SKIP QUESTIONS WHICH ARE NOT APPLICABLE.

1. AGE

1) 17 to 20
2) 21 to 25
3) 26 to 30
4) 31 to 35
5) 36 and over

2. RACE

1) Caucasian
2) Black
3) Hispanic
4) Other _____

3. RANK

Enlisted	Officer
1) E-1 to E-3	5) O-1 to O-2
2) E-4 to E-5	6) O-3 to O-4
3) E-5 to E-6	7) O-5 and up
4) E-6 to E-7	8) W-1 to W-4

4. DESIGNATOR/RATING: _____

5. CURRENT EDUCATION LEVEL

1) Non-high school graduate
2) High school graduate
3) Some college credit
4) College graduate
5) Postgraduate education

6. MARITAL STATUS

___ Single
___ Married
___ Divorced
___ Separated
___ Widowed

7. HUSBAND ACTIVE-DUTY MILITARY?

___ No
___ Yes (What Service? _____)

8. NUMBER OF CHILDREN LIVING WITH YOU

1) 1 child
2) 2 children
3) 3 children
4) 4 children
5) 5 children
6) 6 or more
7) 0 children

9. ON WHAT BASE ARE YOU CURRENTLY STATIONED?

_____

10. WHAT IS THE PROBABILITY THAT YOU WILL RE-ENLIST/ CONTINUE PAST CURRENT OBLIGATIONS?

1) I definitely will
2) I probably will
3) I might
4) It is unlikely
5) I definitely will not

11. TO WHAT EXTENT ARE YOU SATISFIED WITH YOUR MILITARY CAREER?

1) Very satisfied
2) Somewhat satisfied
3) Neutral
4) Somewhat dissatisfied
5) Very dissatisfied

12. WHAT IS THE AGE OF YOUR YOUNGEST CHILD?

1) 1 month to 6 months
2) 7 months to 12 months
3) 13 months to 18 months
4) 19 months to 24 months
5) 2 years to 3 years
6) 3 years to 4 years
7) 4 years to 5 years
8) 5 years to 6 years
9) 6 years to 7 years
10) 7 years to 12 years
11) 13 years and above

13. WHAT IS THE AGE OF YOUR NEXT YOUNGEST CHILD?

1) 18 months or less
2) 18 months to 23 months
3) 24 months to 29 months
4) 30 months to 3 years
5) 3 years to 4 years
6) 4 years to 5 years
7) 5 years to 6 years
8) 6 years to 7 years
9) 7 years to 12 years
10) 13 years and above

14. HOW SATISFIED ARE YOU WITH CHILD-CARE ARRANGEMENTS FOR YOUR YOUNGEST CHILD?

1) Very satisfied
2) Somewhat satisfied
3) Neutral
4) Somewhat dissatisfied
5) Very dissatisfied

15. IF DIFFERENT CHILD CARE IS USED FOR NEXT YOUNGEST CHILD THEN HOW SATISFIED ARE YOU WITH THESE CHILD-CARE ARRANGEMENTS?

1) Very satisfied
2) Somewhat satisfied
3) Neutral
4) Somewhat dissatisfied
5) Very dissatisfied

16. WHAT TYPE OF CHILD-CARE FACILITIES TO YOU USE FOR YOUR YOUNGEST CHILD?

1) Day care mother--at her home
2) Live-in babysitter/housekeeper
3) Military
4) Civilian child care center
5) Relative living locally
6) Other _____

17. WHAT TYPE OF CHILD-CARE FACILITIES DO YOU USE FOR YOUR NEXT YOUNGEST CHILD?

1) Day care mother--at her home
2) Live-in babysitter/housekeeper
3) Military
4) Civilian child care center
5) Relative living locally
6) Other _____

18. HAVE YOU EVER--FOR ANY OF YOUR CHILDREN -- USED A MILITARY (ANY SERVICE) CHILD-CARE CENTER FOR PART-TIME CARE?

1) Yes
2) No -- skip to question 21.

19. IF YOU ANSWERED YES TO QUESTION 18, HOW LONG DID YOU USE THE MILITARY CHILD-CARE FACILITY FOR FULL-TIME CARE?

1) I am using military child care at the present time and have been using it for about _____ months.

2) I am not now using military child care, but I used it for about _____ months in the past.

20. IF YOU ANSWERED YES TO QUESTION 18 AND HAVE SINCE STOPPED, WHY DID YOU STOP USING MILITARY FULL-TIME CHILD-CARE? (CIRCLE ALL ANSWERES THAT APPLY).

1) I was dissatisfied with the care my child received
2) Inconvenient location
3) I was transferred
4) It cost too much
5) Better care became available
6) Other _____

21. IF YOU ANSWERED NO TO QUESTION 18, HAVE YOU VISITED ANY MILITARY CHILD-CARE FACILITY IN THE PAST YEAR IN ORDER TO EVALUATE IT FOR FULL-TIME CARE?

1) Yes
2) No

22. IF YOU DID EVALUATE A MILITLARY CHILD-CARE FACILITY IN THE PAST YEAR, BUT CHOSE NOT TO USE IT, WHY DID YOU REFECT IT? (CHECK ALL ANSWERS THAT APPLY).

1) The facility did not take children for full-time care
2) The facility did not take children as young as my child was the time
3) The facility did not meet my standards
4) The facility was not conveniently located
5) It cost too much
6) Other policies of the facility such as: _____
_____
_____
7) Other reasons _____

23. OVERALL, HOW SATISFIED ARE YOU WITH THE MILITARY CHILD-CARE SERVICES THAT ARE AVAILABLE IN YOUR AREA?

1) Very satisfied
2) Somewhat satisfied
3) Neutral
4) Somewhat dissatisfied
5) Very dissatisfied

24. IS THERE A DAY-CARE CENTER ON YOUR BASE?

1) Yes
2) No

25. HOW DID YOU LOCATE YOUR PRESENT FULL-TIME CHILD-CARE ARRANGEMENTS FOR YOUR YOUNGEST CHILD?

1) I have a local relative
2) Newspaper
3) County list of licensed day-care mothers
4) Co-worker told me about someone
5) Checked with neighbors
6) Yellow pages
7) Bulletin board (church, grocery, etc.)
8) Other _____

26. HOW MUCH DO YOU PAY FOR YOUR PRESENT FULL-TIME CHILD CARE ARRANGEMENTS FOR YOUR YOUNGEST CHILD? (IF 2 CHILDREN ARE AT THE SAME PLACE, DIVIDE THE WEEKLY AMOUNT BY 2; FOR 3 CHILDREN BY 3, ETC).

1) $20 per week
2) $25 per week
3) $30 per week
4) $35 per week
5) $40 per week
6) $45 per week
7) $50 per week
8) $55 per week
9) Other _____

26A. IF THIS EXPENSE INCLUDES HOUSEKEEPING, ESTIMATE WHAT PERCENTAGE IS INVOLVED.

_____ % per week

27. HOW MUCH HAVE YOU SPENT ON CHILD CARE IN THE PAST 12 MONTHS FOR ALL YOUR CHILDREN?

1) $ 500 or less
2) $ 500 to $ 999
3) $1000 to $1499
4) $1500 to $1999
5) $2000 to $2400
6) $2500 to $2999
7) $3000 or above

28. WHAT WAS YOUR TOTAL FAMILY'S INCOME, BEFORE TAXES AND OTHER DEDUCTIONS, FOR ALL OF 1979?

1) Less than $10,000
2) $11,000 to 15,000
3) $16,000 to $20,000
4) $21,000 to 25,000
5) over $25,000

29. WILL YOUR PRESENT CHILD-CARE GIVER OR FACILITY TAKE CARE OF YOUR CHILD WHEN HE/SHE IS SICK (ASSUME A COLD, LOW FEVER)?

1) Yes
2) No

30. WHAT IS THE RATIO OF CAREGIVERS TO CHILDREN AT YOUR CURRENT CHILD CARE FOR YOUR YOUNGEST CHILD? (DIVIDE NUMBER OF CHILDREN BY THE NUMBER OF CAREGIVERS)

1) 1 caregiver to 1 child
2) 1 caregiver to 2 child
3) 1 caregiver to 3 children
4) 1 caregiver to 4 children
5) 1 caregiver to 5 children
6) 1 caregiver to 6 children
7) 1 caregiver to 7 children
8) 1 caregiver to 8 children
9) 1 caregiver to 9 children
10) 1 caregiver to 10 children
11) 1 caregiver to 11 children
12) 1 caregiver to 12 children
13) 1 caregiver to more than 12 children

31. IF YOU TAKE YOUR YOUNGEST CHILD TO A DAY-CARE MOTHER (AT HER HOME), IS THE DAY-CARE MOTHER A MILITARY WIFE?

1) Yes
2) No

32. HOW FAR IS YOUR DAY-CARE MOTHER LOCATED FROM YOUR WORK PLACE?

1) She is on base
2) Less than 5 miles from work
3) 5 to 10 miles from work
4) More than 10 miles from work

33. IS SHE LICENSED BY THE STATE OR COUNTY?

1) Yes
2) No
3) I don't know

34. IF SHE IS NOT LICENSED, DID YOU ATTEMPT TO FIND A LICENSED DAY-CARE MOTHER?

1) Yes
2) No
3) Licensing is not done in this state

35. PLEASE THINK ABOUT THE PAST YEAR AND THE CHILD-CARE ARRANGEMENTS YOU MADE FOR YOUR YOUNGEST CHILD AND LIST CHRONOLOGICALLY -- STARTING LAST YEAR -- EACH TYPE OF CHILD CARE USED, HOW LONG YOU USED THAT FACILITY OR HOME, AND THE REASON FOR CHANGING. EXAMPLES ARE GIVEN. (PLEASE BE VERY EXPLICIT ABOUT THE REASON: IF THE CAREGIVER COMMITTED CHILD ABUSE -- i.e. broken arm -- PLEASE DON'T SAY "DISSATISFIED WITH CAREGIVER"). EVEN IF THE FACILITY OR HOME WAS USED FOR ONLY 1 DAY PLEASE INCLUDE IF YOU HAD TO WORK THAT DAY.

TYPE OF CAREGIVER FACILITY	LENGTH OF TIME	REASON FOR CHANGE
Day-care mother	3 months	She stopped doing day care.
Public child-care facility	3 months	My child was sick all the time.
Military child-care facility	2 months	I was transferred

36. SINCE YOUR NEXT YOUNGEST CHILD WAS BORN, HOW MANY TIMES HAVE YOU CHANGED CHILD CARE ARRANGEMENTS FOR HIM/HER?

1) 0 times
2) 1 time
3) 2 to 5 times
4) 6 to 8 times
5) 9 to 12 times
6) 12 or more times

37. FOR THE PAST 3 MONTHS, ESTIMATE THE NUMBER OF DAYS YOU WERE ABSENT FROM WORK BECAUSE ONE OR MORE OF YOUR CHILDREN WAS SICK, OR DUE TO ANOTHER CHILD CARE RELATED PROBLEM (SCHOOL CLOSURE/VOCATION ETC.).

1) 0 days
2) 1 to 2 days
3) 3 to 4 days
4) 5 to 6 days
5) 7 to 10 days
6) 11 to 15 days
7) 16 or more days

38. FOR THE PAST 3 MONTHS, ESTIMATE THE NUMBER OF DAYS LEAVE YOU TOOK BECAUSE ONE OR MORE OF YOUR CHILDREN WAS SICK OR DUE TO ANY OTHER CHILD CARE RELATED PROBLEM (AS ABOVE)

1) 0 days
2) 1 to 2 days
3) 3 to 4 days
4) 5 to 6 days
5) 7 to 10 days
6) 11 to 15 days
7) 16 or more days

39. FOR THE PAST 3 MONTHS, ESTIMATE THE NUMBER OF DAYS YOUR HUSBAND WAS ABSENT FROM WORK BECAUSE ONE OR MORE OF YOUR CHILDREN WAS SICK OR DUE TO ANY OTHER CHILD CARE RELATED PROBLEM (THIS QUESTION CONCERNS HIM STAYING HOME INSTEAD OF YOU)

1) 0 days
2) 1 to 2 days
3) 3 to 4 days
4) 5 or more days

40. FOR THE PAST 3 MONTHS, ESTIMATE THE NUMBER OF DAYS YOUR HUSBAND (INSTEAD OF YOU) TOOK LEAVE BECAUSE ONE OR MORE OF YOUR CHILDREN WAS SICK DUE TO ANY OTHER CHILD-CARE RELATED PROBLEM.

1) 0 days
2) 1 to 2 days
3) 3 to 4 days
4) 5 or more days

41. HAVE YOU MADE ANY SPECIAL ARRANGEMENTS WITH A NEIGHBOR, RELATIVE, FRIEND, ETC., TO TAKE CARE OF YOUR CHILD(REN) WHEN THEY ARE SICK?

1) Yes
2) No

42. HAVE YOU MADE ANY SPECIAL ARRANGEMENTS WITH A FRIEND, NEIGHBOR, OR RELATIVE TO CARE FOR YOUR CHILD(REN) FOR AN EXTENDED PERIOD IF YOU WERE CALLED BY YOUR UNIT ON EMERGENCY RECALL?

1) Yes
2) No

42A. HAS YOUR COMMAND REQUIRED YOU TO MAKE SUCH ARRANGEMENTS?

1) Yes
2) No

42B. IF YOU HAVE MADE SUCH ARRANGEMENTS, HOW LONG WOULD IT TAKE TO GET YOUR CHILD(REN) TO THAT PLACE IN THE EVENT OF EMERGENCY RECALL?

1) 4 hours or less
2) 4 hours to 24 hours
3) 25 hours to 48 hours
4) 48 hours or more

43. AFTER HAVING YOUR YOUNGEST CHILD HOW MANY DAYS (TOTAL) WERE YOU ON CONVALESCENT AND REGULAR LEAVE TOGETHER?

1) 30 days or less--took no additional leave
2) 5 to 6 weeks
3) 7 to 8 weeks
4) 9 or more weeks

44. WHEN YOU FIRST WENT BACK TO WORK AFTER HAVING YOUR YOUNGEST CHILD, WHAT WERE THE FIRST DAY-CARE ARRANGEMENTS YOU MADE?

1) Neighbor
2) Friend
3) Relative
4) Civilian day-care center
5) Military day-care center
6) Housekeeper/babysitter--your home
7) Day care mother--her home
8) Other _____

45. HOW DIFFICULT WAS IT FOR YOU TO FIND INFANT CARE FOR YOUR YOUNGEST CHILD WHEN YOU FIRST RETURNED TO WORK?

1) Very easy
2) Moderately easy
3) Slightly difficult
4) Moderately difficult
5) Very difficult

46. HOW MANY PLACES/PEOPLE DID YOU INTERVIEW FOR INFANT CARE WHEN YOU FIRST WENT BACK TO WORK?

1) 3 or less
2) 4 to 6
3) 7 or more

47. OVERALL, HOW DIFFICULT IS IT FOR YOU TO FIND GOOD DAY CARE IN YOUR AREA?

1) Very easy
2) Moderately easy
3) Slightly difficult
4) Moderately difficult
5) Very difficult

48. HAVE YOU TRIED TO USE A CIVILIAN DAY CARE CENTER AND BEEN UNABLE TO BECAUSE THERE WERE NO OPENINGS?

1) Yes
2) No

49. LIST THINGS THAT THE NAVY COULD DO TO HELP YOU FIND CHILD CARE.

_____
_____
_____
_____

50. THE FOLLOWING IS A LIST OF CHILD-CARE SERVICES WHICH THE NAVY COULD BE PROVIDING ITS ACTIVE DUTY MOTHERS. PLEASE CHECK THE ONES YOU WOULD USE IF THEY WERE AVAILABLE?

1) Infant day-care (1-12 months) 12 hours a day
2) Infant care (1-12 months) 24 hours a day
3) Toddler day-care (12 months to 2 1/2 years) full time
4) Preschool (2 1/2 years to 5 years) such as Montessori or other nursery school development program
5) Other _____

51. LET'S SUPPOSE THAT A QUALITY CHILD-CARE PROGRAM WAS AVAILABLE ON YOUR BASE. IT ACCEPTED 1 MONTH-OLDS THROUGH 6 YEAR-OLDS, AND WAS OPEN 24 HOURS A DAY. FEES WERE ON A SLIDING SCALE CORRESPONDENCE TO FAMILY INCOME. WOULD YOU USE IT?

1) Yes
2) No

52. IF YOU HAVE A CHILD/CHILDREN AGE 7 YEARS OR ABOVE, WHO TAKES CARE OF HIM/HER/THEM AFTER SCHOOL HOURS?

1) Neighbors near home
2) Babysitter near the school
3) No one

53. HAVE YOU EVER TAKEN YOUR CHILD(REN) TO WORK FOR AN AFTERNOON OR A WHOLE DAY? (EXCLUDE SPECIAL UNIT FUNCTIONS IN WHICH THE COMMAND HAD A PARTY OR A FAMILY VISIT DAY).

1) Yes
2) No

54. FOR WHAT REASON DID YOU TAKE YOUR CHILD(REN) TO WORK? (CHECK ALL ANSWERS THAT APPLY)

1) It was a holiday and day-care place was closed
2) Caregiver quit and I had not found a new place
3) Facility closed for vacation
4) Other _____

55. DO MEN THAT WORK IN YOUR UNIT EVER BRING THEIR CHILDREN TO WORK FOR AN AFTERNOON OR A DAY? (EXCLUDE SPECIAL UNIT FUNCTIONS AS IN #55)

1) Yes
2) No

56. HAVE YOU EVER HAD TO CHANGE YOUR DUTY IN ORDER TO ACCOMMODATE CHILD-CARE ARRANGEMENTS?

1) Yes
2) No

57. HOW OFTEN DO YOU HAVE TO ASK FOR SPECIAL DUTY CHANGES FOR CHILD-CARE REASONS?

1) Every duty day--frequently
2) Occasionally--3 to 4 times per year
3) Never or very seldom

58. IS YOUR SUPERVISOR/WATCH OFFICER GENERALLY WILLING TO MAKE THESE CHANGES?

1) Yes
2) No

59. TO YOUR KNOWLEDGE, DOES YOUR IMMEDIATE SUPERVISOR KNOW THAT YOU HAVE CHILDREN?

1) Yes
2) No

60. HOW MANY CHILDREN DO YOU PLAN TO HAVE? _____

61. IF YOU DO NOT INTEND TO HAVE MORE CHILDREN, DO YOU FEEL THAT CHILD-CARE PROBLEMS (FINDING OR PAYING FOR GOOD CARE, ETC) HAVE INFLUENCED YOU TO MAKE THAT DECISION?

1) Yes
2) No

62. DO YOU HAVE CHILDREN WHO ARE NOT LIVING WITH YOU BECAUSE OF CHILD-CARE PROBLEMS (COST, INAVILITY TO FIND GOOD CARE, ETC.)?

1) Yes
2) No

63. IF YOU ARE NOT INTENDING TO REENLIST OR CONTINUE ON ACTIVE DUTY, TO WHAT EXTENT ARE CHILD CARE PROBLEMS CAUSING YOU TO LEAVE THE SERVICE?

1) No at all
2) Somewhat
3) Quite a lot
4) A great deal
5) I'm not reelisting/continuing totally because of a child care related problem

64. HAVE YOU EVER ASKED YOUR DETAILER FOR SPECIAL CONSIDERATION IN ASSIGNMENT BECAUSE OF A CHILD CARE RELATED PROBLEM (FOR EXAMPLE--REQUESTING TO NOT BE SENT TO AN AREA BECAUSE OF EXPECTED DIFFICULTY IN FINDING CHILD CARE)?

1) Yes
2) No

65. HAVE YOU EVER CONSIDERED REQUESTING A HARDSHIP/ DEPENDENCY DISCHARGE BECAUSE OF CHILD CARE PROBLEMS?

1) Yes
2) No

66. KNOWING WHAT YOU NOW KNOW ABOUT CHILD CARE AVAILABLITY IN THE NAVY, DO YOU THINK THAT THE NAVY SHOULD ENLIST (AS ENLISTED OR OFFICER) MARRIED WOMEN WITH CHILDREN?

1) Yes
2) No

67. KNOWING WHAT YOU NOW KNOW ABOUT CHILD CARE AVAILABLITY IN THE NAVY, DO YOU THINK THAT THE NAVY SHOULD CONTINUE TO ALLOW WOMEN WHO HAVE CHILDREN WHILE IN THE SERVICE TO REMAIN ON ACTIVE DUTY?

1) Yes
2) No

68. IF YOU HAVE ANY OTHER COMMENTS CONCERNING CHILD CARE, PLEASE USE THIS SPACE TO SHARE THEM. THANK YOU AGAIN FOR YOUR TIME!

_____
_____
_____
_____
_____
_____
_____

WOULD IT BE ALL RIGHT IF I CONTACTED YOU BY PHONE? IF SO, PLEASE PUT A "YES" ON THE 3 x 5 CARD WITH YOUR NAME, ETC. IF YOU HAVE ANY OTHER COMMENTS OR QUESTIONS, PLEASE FEEL FREE TO CONTACT ME AT HOME OR BY AUTOVON.

HOME: (until Dec 1980) 408-373-8503
AUTOVON: 878-2536

69. DO YOU STAND OVERNIGHT DUTY OR WORK THE NIGHT SHIFT?

1) Yes
2) No

69A. IF YOU DO STAND OVERNIGHT DUTY OR WORK THE NIGHT SHIFT, WHO USUALLY CARES FOR YOUR CHILDREN?

1) My husband
2) Neighbor, relative or friend--local.
3) I take my child(ren) with me.
4) Same day care mother that has my child(ren) every day.
5) Other _____

70. IF YOU ARE NOT NOW USING A MILITARY DAY CARE CENTER, WHAT ARE THE MAJOR REASONS YOU DON'T USE THE FACILITY THAT IS ON BASE (WHETHER YOU HAVE VISITED IT OR NOT)?

(1) _____
_____
(2) _____
_____

71. LET'S SUPPOSE THAT TONIGHT, ABOUT 0200, YOU RECEIVE A PHONE CALL FROM YOUR COMMAND TO RETURN TO YOUR COMMAND DUE TO A NATIONAL EMERGENCY (i.e. CONGRESS HAS DECLARED WAR ON RUSSIA). YOU MUST GET TO WORK WITHIN THE HOUR. IF YOU ARE MARRIED TO AN ACTIVE DUTY PERSON, ASSUME YOUR HUSBAND ALSO HAS TO GO TO HIS COMMAND ON EMERGENCY RECALL. WHAT WILL YOU DO WITH YOUR CHILD(REN).

1) Take my child(ren) with me--there is no other choice
2) Take them next door to a neighbor
3) Take them to a friend or relative who lives locally.
4) I would not go--I feel I must stay home with my children.
5) Other -- Please describe _____
_____

72. IF YOU CHECKED #2 OR #3 IN 71 ABOVE, HOW LONG COULD YOU LEAVE YOUR CHILD(REN) AT YOUR NEIGHBOR'S, FRIEND'S, OR LOCAL RELATIVE'S?

1) The rest of the night only--my neighbor, friend, or relative must go the work at 0800.
2) Until the next night.
3) A week or so.
4) A month.
5) Indefinitely.

Appendix B

NAVY OCCUPATIONS AND THEIR ABBREVIATIONS

HM	Hospital Corpsman
PN	Personnelman
MA	Master at Arms
AT	Aviation Electronics Technician
YN	Yeoman
AK	Aviation Storekeeper
AZ	Aviation Maintenance Administrationman
SK	Storekeeper
DT	Dental Technician
DP	Data Processing Technician
DM	Draftsman
TD	Training Devices Technician
MS	Mess Management Specialist
TM	Torpedoman's Mate
ET	Electronics Technician
PR	Parachute Rigger
LN	Legalman
AD	Aviation Machinist Mate
AMH3	Aviation Mechanic (Hydraulics)
IC	Interior Communication Electrician
RM	Radioman
AX	Aviation Anit-submarine Warfare Technician

Appendix C

MILITARY DAY-CARE CENTER INFORMATION SHEET

1. BASE _____

2. Is this center operated by a Wives' Club or Welfare & Rec. Dept. (Special Service) or contract operated?

3. How "self-sufficient are you expected to be? _____%
   (a) How "self-sufficient" were you for Fiscal Year 1979? _____%

4. Do you get any funds from the Navy Exchange, etc? _____

6. Average number of children per day you usually have
   in summer? _____
   in winter? _____

6. Average number of full-time children per day? _____

7. Average number of "drop-ins" per day? _____

8. Operating Hours _____
   _____
   _____

9. How many active-duty women (average) use your center? ____
   Do active-duty mothers have priority, or is it "1st come, 1st served?" _____

10. How many single perents (average) use your center? _____

11. What is your maximum capacity? (all ages) _____

12. What is the cost to parents for:
   (a) 5 days full-time _____with/without lunch
   (b) drop-in rate _____with/without lunch
   (c) Other rates (like for pre-school, etc) _____
   _____
   _____

13. Will you provide before- and after-school care this fall? _____

14. Do children bring lunches or is lunch served? _____

15. Are snacks served? _____How many (once a day, twice)? _____

16. How many full-time staff (total do you have)? _____
What is the wage scale(s)? Low $_____/hr; High $_____/hr

17. How many part-time staff do you have? _____
What is the wage scale(s)? Low $_____/hr; High $ ____/hr
How many hours per week do part-time staff usually work? _____
What is the upper limit of hours that part-time staff can work each week? _____

18. Please describe the training level of your full-time staff (please note child development training or other special training).

_____
_____
_____

(a) What are the training or other hiring criteria used when selecting new employees? None_____ Other_____
_____
_____

(b) What on-the-job training is held for staff (i.e., first aid)? None _____Other _____

_____

19. Please describe the training level of part-time staff?

_____
_____
_____

20. Number of children's toilets/urinals? for boys _____
for girls _____

21. Number of children's sinks? for boys _____
for girls _____

22. Age level of children accepted at center? minimum _____
maximum (winter) _____
maximum (summer) _____

23. Do you take handicapped children? _____
(full-time or drop-in?)

24. Please describe the indoor play equipment you have (like the number of indoor slides, etc.).

_____
_____
_____

25. Please describe the outdoor play equipment you have? (like number of slides, number of tricycles, number of swings, etc.)

_____
_____
_____
_____
_____
_____
_____

26. Please describe the outdoor areas for each group you have (like none for infants; combined area for toddlers and 3-4 year olds). Please note if grass, sand, asphalt, and approximate size of spaces.

_____
_____
_____
_____
_____
_____
_____

27. Do you have a pre-school program? If so, please describe it. (Age, hours, staff, program, etc.)

_____
_____
_____
_____
_____
_____
_____

Do you have a summer program for school age children? Yes _____ No._____ If so, please describe the staff, program, and cost. _____
_____
_____
_____
_____
_____
_____

28. Each center is different, so please describe on the next page the groups of children and other information as shown below.

EXAMPLE:

Description	Age Level	Number Staff	Approximate Size of Room	Maximum Capacity
Infants	2 mos to 12 mos	4	20 x 28	16
Young toddlers	12 mos to 28 mos	3	40 x 60	24
Older toddlers	19 mos to 24 mos	3	30 x 50	
2-3 years				
3-4 years				
etc.				

If you have more than one room per group, please describe each room separately.

Description	Age Level	Number Staff	Approximate Size of Room	Maximum Capacity

MILITARY DAY CARE CENTER INFORMATION SHEET

29. Does this center meet the fire (number of exits, etc) and safety code as directed by the Navy?_____

30. Director/Manager of day-care center _____

AV No._____

Please enclose any brochures or descriptive information for parents about policies of the center, rates, hours, etc. If you have an information sheet for new employees, please enclose one also. Please enclose a copy of the base instruction which governs the operation of the child-care center if there is one.

Thanks very much,

Bonnie Scott
LCDR, USN

Address:
SMC 1921
Naval Postgraduate School
Monterey, CA 93940

SUPPLEMENTARY QUESTIONS

1. Do you have a written plan describing procedures in case of fire? _____
If so, please enclose a copy.

If not, what do you do with children who become ill until the parents arrive? _____
_____

3. When was to last time the base fire marshall visited the day-care center?_____

How many times does he usually visit per year?_____

4. Do you have regular visits (or any visits) from medical personnel to inspect and/or advise on health-related subjects (sanitation, diaperchanging procedures, etc)?

_____

5. Do you have maximum occupancy standards established for each area in the center?_____

Are there signs posted so that parents will know what the standards are? _____

Who set these standards? _____

6. Are your fees on a sliding scale by paygrade? _____

What is the scale?_____

7. In the winter (or whenever you are busiest), how many parents do you have to turn away because you are full?

_____

8. In the event of an emergency (let's say the base was put on continuous alert because of a possible war), and parents (let's say most of them) could not pick up their children, what would the center do--is there a written plan for such an emergency?_____ For example, how would the center feed the children dinner the first night? Are there blankets, etc for children/staff to spend the night? What your center staff would do)_____
_____
_____
_____
_____

Appendix D

WAITING LIST FORM

Last Name:_____Date:_____

Child Name: _____

Father: _____Mother: _____

Child Age: _____Birthdate:_____Active Duty:_____

Branch:_____DOD:_____Retired:_____Duty Station:_____

Any Special Needs:_____

Home Phone:_____Duty Phone:_____

Work Phone:_____

I hereby state the above facts are true. On the basis of the information above, I also understand my child's enrollment into the child care center will be on the basis of an opening in his or her age group, and I am called.

Signature:_____Rate/Rank:_____

SSN:_____

Call Record:_____
_____
_____

Appendix E

CHILD-CARE CENTER DIRECTOR
(Guidance for Position Description)

I. INTRODUCTION

The child care center provides a safe and healthy environment which includes an early childhood development program that stimulates and sustains physical development. The purpose of this position is to develop, implement and conduct a child-care program and manage the facility in which the program is conducted. This position is exempt from the overtime provisions of the Fair Labor Standards Act (FLSA).

II. DUTIES AND RESPONSIBILITIES

A. Independently develops and execute, through assigned staff, an on-going program of individual and group developmental and recreational activities that stimulate and sustain the social, cognitive, physical and emotional growth of children. Individual represents the highest level of expertise in child care on each base. Program content and execution are, therefore, dependent on the originality and initiative of this position. Supervision from higher levels in minimal.

1. Physical Development. Through employed staff, organizes, implements, and supervises activities such as running, jumping, climbing, individual and group outdoor play,

finger painting, and sand and water play for appropriate age groups to develop small and large motor skills, physical abilities, dexterity, and coordination in a safe environment. Ensures children's play activities that have inherent high risk are properly supervised. Ensures appropriate rest periods are scheduled and taken.

2. Emotional Development. Develops programs to assist children in achieving emotional growth, maturity, and understanding by ensuring employed staff deals with them in a forthright, understanding manner in a climate of love and understanding.

3. Cognitive Development. Develops programs to stimulate children's intellectual and learning capabilities through such activities as reading, music, storytelling, field trips, arts and crafts, and others. Establishes programs of activities that help children think for themselves, recognize names of objects and how to use them, improve language capabilities, and count numbers. Provides situations allowing children to develop logic and problem-solving abilities.

4. Social Awareness. Identifies and executes programs and situations that help children adjust to child-to-child and adult-to-child relationships. Through the use of early childhood development media, ensures employed staff demonstrates to children how to share, work together, be

dependable, and develop other social values; also ensures staff teaches responsibility to children.

5. Using knowledge of stages of child development, identifies children not meeting age group physical expectations, having emotional problems, experiencing slow development of cognitive skills, or not developing social skill at a normal rate and discusses observations with parents. Provides parents with sources to obtain assistance. Continues close monitorship of progress to include follow-up discussions with parents.

B. Resource Management:

1. Financial Management. Prepares appropriated and nonappropriated fund budgets and adjustments thereto. Ensures child-care activities meet established financial goals. Makes sure that employed staff collects and deposits all due fees/charges. Complies with directives to ensure Navy assets and interests are protected.

2. Administration. Participates in Recreation Services staff meetings. Maintains liaison with local institutions, state and Federal agencies, and national organizations to obtain assistance and maintain state of the art of programs. Develops and analyzes information and surveys of installations and patron needs to ensure center's programs and hours of operation and adequate. Works with

other MWR personnel such as the youth center director, arts and crafts director, etc., to provide varied activities for children. Maintains center records such as work schedules, attendance records, health and safety inspections, and outstanding work orders.

3. Facility Management. Initiates and recommends child-care facility construction/alteration and renovation projects to ensure a safe, healthy, and comfortable adequate facility is available. Considers clientele to be served. Must be fully knowledgeable of the state of the art for both interior and exterior facility characteristics. Also, must ensure facility maintenance is current at all times because of age of patrons. Acts as facility and grounds custodian.

C. Personnel Administration. Selects, assigns, and supervises center staff; initiates actions or promotions, awards, employment, termination, performance ratings, and related personnel actions. Maintains staff personnel records, conducts employee staff meeting, schedules leave, and administers disciplinary measures as necessary. Evaluates staff training needs and provides for formal and in-service training. Staff training is major responsibility of position, since total work force is comprised of a majority of other than full-time employees, with a high turnover rate. Develops and adjusts employees' work schedules to ensure that

sufficient employees and materials are available to meet immediate operational requirements at all times.

D. Nutrition/Food Service. Plans and ensures well-balanced, nutritional meals and snacks are prepared and served on time to children in a sanitary manner. Ensures infant feeding requirements are met. Supervises cooks and/or other food service workers.

1. Food Supplements. Plans supplemental feeding so as not to interfere with complete meal service. Ensures food supplements (snacks) are nutritional and are accompanied by nutritional liquids (milk, 100 percent fruit juices, etc.).

2. Special Functions. Supervised staff in planning, preparing, arranging, and serving meals/food supplements as special functions, such as holiday observances, birthdays, field trips, picnics, etc. When prescribed by appropriated medical authority, coordinates with base dietitian and works with cood and to provide special diets to children requiring them.

E. Health and Safety:

1. Working with base medical personnel and American Red Cross, ensures staff is trained to administer first aid, treat poisoning and recognize common childhood illnesses. Ensures children with communicable diseases do not

participate in center programs. In cases of suspected child abuse, notifies child-advocacy officer of suspicion.

2. Working with ground safety officials, fire department specialists, and base civil engineers, inspects facility and playground to ensure safety hazards are removed or corrected, proper egress is provided, fire safety equipment is available and functioning properly, and in supervising and training the staff in fire prevention and emergency exit procedures. Develops and periodically tests evacuation emergency exit procedures. Develops and periodically tests evacuation plans.

F. Performs other related duties as assigned.

III. CONTROLS OVER THE POSITION

Works under the administrative supervision of the Recreation Director, who is available for assistance in problems of an unusual nature or require major policy decision. Is expected to operate with a minimum of technical guidance toward overall objective of the activity. Review of work is made on the basis of the overall effectiveness of operations and patron satisfaciton.

IV. QUALIFICATIONS

A. A baccalaureate or associate degree from an accredited college or university with a course of study in the field of early childhood development or other closely related of study.

B. Broad professional knowledge and background in the field of early childhood development.

C. Practical experience in the administration of military and/or community child-care programs.

D. Incumbent must possess maturity and judgement and be capable of handling emergency situations common in dealing with small children in a day-care center. Completed training in the observation of symptoms of illness is desirable; must complete the Red Cross Multi-media First Aid Course and be knowledgeable in cardiopulmonary resuscitation.

OCTOBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Chicken Casserole, Corn, Butter Bread, Peach Cobbler, Milk	2 Hot dogs w/beans, carrot sticks, Fresh fruit, Milk	3 Spag. w/meat sauce, Toss Salad Pumpkin Bread, milk	4
5	6 Peanut Butter & Jelly, Veg. Beef Soup, Canned Fruit, Milk	7 Mac & Cheese, Beets, Butter Bread, Spice Cake, Milk	8 Tuna Rice Cass., Peas, Seasame Seed Sq., Milk	9 Beefaroni, Green Bean, Jello, Milk	10 Meat Loaf, Mash Potatoes, Corn, Canned Fruit, Milk	11
12	13 Egg Salad Sand Green Peas Soup w/Ham Canned Fruit, Milk	14 Spanish Rice, Green Beans, Butter Bread, Brownies, Milk	15 PIG-IN-A-BLANKET, Corn Fresh Fruit, Milk	16 Beef Stew, Butter Bread, Pineapple Cake, Milk	17 Fish Sticks, Tater Tots Corn, Pudding, Milk	18
19	20 Bologna Sand., Chicken w/ Rice Soup, Canned Fruit, Milk	21 Chili Beans w/ Rice, Corn Bread, Apple Crisp, Milk	22 Tuna Nood Cass., Green Beans, Rice Pudding, Milk	23 English Muffin Pizza Corn, Ginger Bread, Milk	24 Enchilada Loaf, Toss Salad Jello, Milk	25
26	27 Open Faced Cheese Sand, Tomato Soup Canned Fruit, Milk	28 Hamb. Goulash Biscuits, Pudding, Milk	29 Mac & Hotdogs Cass. Peas, Butter Bread, Jello, Milk	30 Baked Chicken Wings, Rice/ Peas, Fresh Fruit, Milk	31 Cooks SURPRISE! HAPPY HALLOWEEN	

Appendix G

CHILD-CARE CENTER OPERATIONS OPNAVINST 1700.9
16 JANUARY 1981

OPNAV INSTRUCTION 1700.9

Subj: Child Care Center Operations

Ref: (a) BUPERSINST 1710.11, Special Services Manual of 11 March 1974
(b) DODINST 1000.15, Private Organizations on DOD Installations of 22 September 1978 (NOTAL)
(c) NAVCOMPT Manual 075260

Encl: (1) Facility Standards
(2) Fire Protection Standards
(3) Health and Sanitation Standards
(4) Operational Guidelines

1. Purpose. To provide policy and guidance for the operation of child care centers in order to ensure safety and to promote quality child care on naval installations.

1. Policy and Scope. It is the policy of the Navy to provide naval personnel and their dependents with programs which will effectively contribute to their morale and well-being. The child care center is considered to be an integral part of the Navy's obligation relating to quality of life enhancement in the Navy's community and may be operated as an element of the Navy Recreation Program as prescribed in reference (a) or by private organizations within guidelines contained in reference (b).

a. Child care centers operated on Navy installations will be required to adhere to the minimum standards set forth in this instruction relative to facility design and construction, fire protection, health, sanitation, safety, financial support and staffing ratios.

b. Child care centers within the Navy are not intended to provide certified or licensed educational pre-school programs.

c. Child care centers and programs will be operated without discrimination as to race, color, religion, sex, national origin, or the grade/rank or the sponsor.

d. Chief, Bureau of Medicine and Surgery, shall:

(1) Develop policy and standards concerning health and sanitation.

(2) Provide inspection and technical assistance to commands to ensure health and sanitation standards.

e. Commanding Officers shall:

(1) Survey surrounding communities and assess the need for Navy operated child care centers.

(2) Establish and operate child care centers where warranted and justified.

(3) Assure compliance with established Navy policy and standards.

(4) Establish local policies governing the day-to-day operations.

5. Eligibility. All dependent children of military personnel are authorized use of child care facilities and services sponsored by the Recreation (Special Service) Program consistent with the eligibility criteria contained in Article 108 of reference (a). Private organizations establish eligibility in accordance with reference (b). Commands will determine the age limits of children accepted for care within the facility. Under no circumstances shall children under six weeks of age be accepted.

6. Facilities and Fire Protection. Child care centers shall adhere to prescribed safety and fire protection standards at all times. Standards for child care center layout, space allowance, and equipment/furnishings are prescribed in enclosure (1). Fire protection standards are prescribed in enclosure (2).

7. Health and Sanitation. Child care centers shall be maintained in a proper state of sanitation and cleanliness at all times. Health and sanitation standards are prescribed in enclosure (3).

8. Administration and Financial Support. Child Care centers may be operated as an element of the Recreation (Special Services) Program or by a private organization. Operational

guidelines are contained in enclosure (4). Administration and funding of child care operations within these respective categories shall be accomplished as follows:

a. Recreation. The Recreation Director shall have complete admnistrative and fiscal responsibility for operations, with all receipts and disbursements of funds handled as prescribed for all elements of the Recreation Fund. This, however, does not preclude the use of volunteer workers to assist in holding operating costs to a minimum. Every effort should be made to provide appropriated funding in support of child care operations to the maximum extent possible as authorized wihtin reference (c). The remaining non-appropriated fund operational costs of child care centers should be cffset with revenue from fees established for services provided. Improvement of the facility fna planned replacement of equipment will be subject to the same funding considerations that apply to capitalization of other elemnts establishing fees according to age groups since infants and toddlers require more care.

b. Private Organizations. Administration of child care centers operated as a private organization shall be in accordance with the provisions of reference (b). Private organizations are not considered an instrumentality of the Federal Government and cannot receive direct support from appropriated funds except as authorized in reference (b). Non-appropriated recreation funds may not be used in support of those child care centers operated as private organizations.

9. Staffing

a. Staff/Child Ratios. The ratio of staff to children must be sufficient at all times to maintain constant supervision and to quickly effect evacuation in the event of a fire or other emergency. The following minimum staff/child ratios will apply:

AGES	STAFF		CHILDREN
6 weeks - 18 months	1	PER	5
19 months - 35 months	1	PER	8
3 years - 5 years	1	PER	12
6 years and older	1	PER	15

When placing children into age groups, consideration should be given to the child's physical and emotional maturity. Children do not crawl or walk at the same age. Separate crawlers/ toddlers and walkers.

b. Staff Qualifications

(1) Staff members should be selected based on their ability to work with children in a group and on their basic understanding of children's needs.

(2) The recommended minimum qualifications for a child care center director are as follows: (1) two years college with a related major and one year of related experience, or (2) high school diploma and three years of experience in child care service-type operations. Training in early childhood development is also recommended.

10. Advisory Councils. Advisory councils may be established to provide the commanding officer with recommendations for improving services and operations of child care centers. The council shall act only in an advisory capacity. The council shall not engage in the management and operation of the child care centers. The council should have cross section representation from the parents who utilize the child care centers.

11. Action. Commanding officers shall ensure that child care centers operated under their command jurisdiction comply with the policy and minimum standards established by this instruction.

Distribution:
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FACILITY STANDARDS

1. Space Required. A minimum of 35 net square feet of usable floor space must be provided for each child. Loadings shall be computed for each individual facility and shall not be exceeded.

2. Space Components. A child care center shall provide space for the following components:

a. Main area. Adequate activity areas to encompass toddler and preschool age childrens' developmental programs.

b. Infant/Nursery area. Separate space for infant/nursery care if children of 2 years of age or else are accepted. Infants and toddlers shall not be mixed.

c. Isolation room. A separate room for children who become ill.

d. Office space. Sufficient space for administrative staff.

e. Reception area. An area for delivery and pick-up of children.

f. Staff lounge. A lounge for staff may be provided if it can be accommodated within authorized space allowance.

3. Location and Play Areas. Child care centers should be located away from areas of heavy traffic. Outdoor play areas should have at least 100 square feet of play space for each child and should be immediately adjacent to the child-care center. Outdoor play areas should be such that staff members can easily keep children within sight. The area should be enclosed and can be secured. The securing devices should be high enough or of a type which cannot be opened by small children. Playground equipment with hazardous moving parts should be avoided. Equipment should be installed over an impact absorbing surface, such as rubber, sand, or pea gravel. Suitable outdoor facilities for storage of wheel toys and other outdoor playground equipment should be provided.

4. Furnishings. Furnishings must be appropriate to the age, size and activities of the children in the group. Nap time cots or mats which can be stacked or otherwise individually stored with appropriate bedding should be provided. Cots or mats shall be of a material which permits sanitation with a disinfectant.

FIRE PROTECTION STANDARDS

1. Building Standards. Centers housing children six years of age and older shall conform to the requirements for educational occupancies outlined in the National Fire Protection Association (NFPA) Standard No 101. For children under six years of age, centers shall conform to the requirements for child care centers outlined in NFPA Standard 101 and this enclosure. Where there is a conflict between NFPA Standard No. 101 and Navy Standards, Navy Standards shall apply.

2. Center Location. Where centers are located in a building containing mixed occupancies, the facility shall be separated by a one-hour fire wall from floor to ceiling, with non-intercommunicating openings. Centers shall not be located in buildings that house fuel storage shops, maintenance shops including woodworking and painting areas, laundries and large kitchens or in other areas which may be equally or more hazardous.

3. Construction

a. Types of construction permitted.

(1) Fire Resistive

(2) Noncombustible

(3) Heavy Timber

(4) Protected Wood Frame

(5) Protected Ordinary

b. Construction Exception. The use of unprotected wood frame or unprotected ordinary construction is prohibited unless all the following conditions are met:

(1) No combustible interior finish.

(2) Does not exceed one story in height.

(3) Does not exceed 5,000 square feet.

(4) Automatic smoke detectors are provided in accordance with National Fire Protection Association (NFPA) Standards 101.

(5) Automatic sprinklers are provided throughout the entire building.

(6) Number of children is limited to 50 children who are 3 years of age or older and there are two remote exits; or

(7) Number of children is limited to 100 children who are 3 years of age or older and each room occupied by children has an exit directly to the outside of the building.

4. Building Prohibition. Child care facilities are not permitted in basements or above first floor levels.

5. Exits

a. Minimum of two remotely located exits is required. exits shall be as far away from each other as possible.

b. Discharge from exits must be to the exterior of the building.

c. Doors must swing in the direction of travel and panic hardware must be provided.

d. Travel distance to an exit must be within 150 feet from any point in the building and no more than 100 feet from any room door. Dead end corridors shall not be permitted. Travel distances may be increased by 50 feet in buildings equipped with automatic sprinklers.

e. Every closet door latch shall be such that children can open the door from inside the closet. Doors shall not be lockable on bathrooms used by children.

f. Illumination of exit corridors and provision of exit signs are required. If building is used after daytime hours, the exit signs must be of the illuminated type and battery powered emergency lighting is required.

g. Cribs, exit doors, ramps shall be provided to be able to roll cribs from their room (s) of use to the exterior of the building.

6. Windows

a. Child care centers shall not be located in windowless buildings.

b. Every room or space used by the children shall have at least one outside window for emergency rescue or ventilation. Such windows shall be operable from the inside without the use of tools. All windows capable of being opened shall be equipped with screens easily and quickly removable. An exception exists where a room or space has a door leading directly to the outside.

7. Interior Finish Materials

a. Exit corridor and sleeping rooms shall have a flame spread rating of 25 or less and a smoke developed rating of 50 or less.

b. Other areas must have a flame spread rating of 75 or less and a smoke developed rating of 100 or less.

c. Carpet systems (carpet and cushion tested together as they will be installed) shall have a flame propagation index of less than 4.0 when tested in accordance with Underwriter's Laboratories UL 992 (Chamber Test) or have a minimum average critical radiant flux of 0.50 watts per square centimeter when tested in accordance with Federal Test Method Standard 372 (Flooring Radiant Panet Test).

8. Fire Alarm/Detection

a. Smoke detectors are required in corridors, lounges and recreation areas. Spacing of detectors should not be greater than 30 feet on center. Detectors shall be provided even if the building is completely sprinklered.

b. A manual fire evacuation alarm system is required and shall be connected to the exterior fire alarm system.

9. Subdivision into Compartments. If the building is provided with automatic sprinklers and smoke detectors, up to 30 children may sleep in the same room provided that one of the following conditions is met: (a) an engineered smoke control system is provided, (b) the sleeping area shall be protected by a smoke partition or, (c) both a smoke partition and an enigneered smoke control system are present.

10. Protection form Hazards. All mechanical equipment rooms, kitchens, storage rooms, janitor closets and maintenance shops must be separated from the remainder of the building by construction having at least a one hour fire resistance rating.

11. Fire Extinguishers.

a. Portable fire extinguishers of the pressurized water, or equivalent, type are required. In general, one 2-1/2 gallon extinguisher for each 6,000 square feet of area

b. A dry chemical or carbon dioxide type extinguisher shall be provided for the kitchen or cooking area.

12. Fire Prevention

a. A monthly fire prevention inspection by the fire department and child-care center director or designated representative shall be conducted and any discrepancies should be promptly corrected.

b. A fire evacuation plan shall be developed and executed at least once per month.

c. The use of highly combustible furnishings and decorations are not permitted (even if the building is completely sprinklered).

d. Art work and teaching materials attached to the walls shall not exceed 20% of the wall area.

e. Wastebaskets and other waste containers shall be of noncombustible materials.

13. Electrical. Extension cords are prohibited.

HEALTH AND SANITATION STANDARDS

1. General. Commanding Officers of Naval Regional Medical Centers of Naval Hospitals, through their Preventive Medicine Services shall provide technical assistance and once a month health inspection support to child care programs operating under their jurisdiction to ensure compliance with these standards. A medical officer, preferably a pediatrician, should be assigned as a point of contact for medical problems which may occur at the child care center.

2. Facilites

a. Floors and walls shall be constructed of smooth, easily cleanable material, and be free from hazards. Only non-toxic paints shall be used on painted surfaces.

b. Electrical outlets accessible to children should have and appropriate cap or cover which cannot be removed by the child.

c. Lockable storage space shall be provided for the storage of cleaning compounds and cleaning gear. Such space shall not be located in or directly off of rooms occupied by children, in the kitchen of child care centers or in toilet facilities.

d. Inside winter design temperature shall be 68°F at the floor; inside summer design temperature shall be 78°F at 60%RH. Temperature control shall be by thermostat having 68° to 78°F deadbands. Humidity control is not required.

e. Floor furnaces, open-grate gas heaters, and electric space heaters shall not be used to heat areas occupied by children. Electric base board heating is acceptable. Open fireplaces and combustion space heaters are prohibited. Steam or hot water radiators shall be effectively screened. If fans are used for cooling, they shall be protected by a small mesh grill and installed out of reach of children.

f. Water shall be of potable quality and meet the standards prescribed in BUMEDINST 6240.3C. Drinking fountains standards shall be of a sanitary design with guarded angle-jet drinking head. Fountains for use by children shall be

installed at a suitable shorter height or platform steps will be provided for children's use. Where drinking fountains are not utilized, single service individual drinking cups shall be provided in sanitary dispensers.

g. Lighting levels should be 50 f.c. in reading rooms, 30 f.c. in adjoining areas or work areas, and 10 f.c. in hallways or nonwork areas.

h. Toilet and handwashing facilities.

(1) A minimum of one flush-type toilet and handwashing sink shall be provided per 15 children 3 years and older and staff members. There shall be at least one nursery chair for every five children who are being toilet trained or for whom toilet chairs are appropriate. Where junior sized toilets and low sinks are not available, platforms and steps shall be provided so that children may use the facilities with minimal assistance.

(2) A separate toilet shall be provided for the isolation room.

(3) Handwashing facilities with hot and cold water shall be provided in each room occupied by children.

3. Personnel Health and Training Requirements

a. Health requirements

(1) Staff personnel must be in good physical and mental health and free from communicable disease. All staff will have a pre-employment and annual physical examinations. These physicals will include a screening test for tuberculosis, a VDRL, and any other test deemed necessary by appropriate medical authority.

(2) Staff personnel shall be immunized except where religious beliefs preclude immunizations against polio, tetanus, diphtheria, rubella and rubeola. Other immnizations may be required at the option of the local medical authority.

(3) No staff member who is affected with a communicable disease, or is a carrier of such a disease, or is afflicted with boils, infected wounds or sores, or acute respiratory infection shall be permitted to care for children, prepare

food, or be employed in any capacity where there is likelihood of transmitting disease to other individuals.

(4) All staff members must wear clean outer garments and maintain a high degree of personal cleanliness. Staff shall wash their hands frequently, particularly after each diaper change and each use of the toilet.

(5) Smoking is prohibited in areas used by children.

(6) Volunteer personnel must meet the same health requirements as staff personnel.

b. Training Requirements

(1) Prior to employment, or as soon as possible after employment, all paid permanent staff personnel shall have successfully completed approved training in the following areas:

(a) First Aid

(b) Cardiopulmonary Resuscitation (CPR)

(c) Heimlich Maneuver

(2) Training may be procured from local Red Cross or health agencies.

4. Child Admission Requirements

a. No child may be admitted to a child care center without current immunizations except where religious beliefs preclude, against diphteria, whooping cough, and poliomyelitis. No child 15 months or older may be admitted without current immunizations against measles, mumps, and rubella (MMR) and rubeola. Certification that immunizations are current shall be obtained from the local Navy medical department prior to admission. Local disease profiles may require additional immunization and the local medical department should be contacted regarding any additional requirements. Child care program personnel shall be knowledgeable about current immunization requirements as advocated by the local medical department.

b. No child may be admitted who is obviously ill. Children with various symptoms such as coughs, running noses,

rashes, etc., may be admitted only with the physcian's certification attesting that the condition is not communicable. Certification shall include physician's name and telephone.

c. Parents shall certify as part of the admission procedure that their child is free from obvious illness and is in good health. Parents shall also note any known allergies to food or other substances.

d. Parents shall complete and authorization release for emergency medical care as part of the admission procedure. Appropriate telephone numbers will be kept on file where both parents or a person designated by a parent to be responsible may be reached.

5. Illness

a. Any child showing signs of illness shall be isolated until he leaves the child care center. Parents or persons specifically authorized in writing by the parents shall be notified to pick up the child immediately. The ill child shall have a staff member in constant attendance.

b. Emergency medical care and ambulance telephone numbers must be in a conspicuous place.

c. Whenever exposure to a communicable disease has occured, the cognizant Naval Regional Medical Center of Naval Hospital Preventive Medicine Service should be contacted for recommendations regarding control measures.

d. Children who have been previously ill for more than 5 days and are reentering the center shall be certified in writing to be free of symptoms and non-communicable by a physician or pediatric nurse practioner.

6. Medications. No medications of any type shall be administered to children at any time by staff personnel.

7. Sleeping Facilities

a. In infant nurseries and toddler rooms, cribs should be spaced at thirty-six inch intervals laterally or end-to-end if the ends are of solid construction, and be so configured to preclude wedging or entrapment of a child's body between the slats, bars, or other component parts.

b. During rest periods, a separate bed, cot, or mat will be assigned to each child. Pillows and mattresses shall be covered by moisture proof under-pinning and in turn covered with clean sheets and pillow cases. Sheets and pillow cases shall be changed with each new occupant or at least daily when used. If mats are used, they shall be of a washable material. Mats, cots, or beds shall be spaced at a minimum interval of 3 feet.

8. Waste Disposal

a. Only disposable type diapers shall be used on infants in child care centers. Soiled diapers shall be placed in a plastic bag and then in a designated impervious container and disposed of daily or more frequently if required.

b. Cloth diapers may be utilized only in cases where documented allergies to disposable diapers exist. Cloth diapers shall be furnished by and returned to the parent or their designated representative. Soiled cloth diapers shall be placed in a disinfectant solution and returned in a securely fastened plastic bag.

c. Solid waste and garbage shall be kept in durable water-proof, heavy duty noncombustible waste containers with tight--fitting lids. These waste containers should be provided with suitable plastic liners and cleaned frequently to prevent odor and insect harborage. Combustible materials shall not be kept in plastic containers.

9. Foodservice Operations

a. Child care personnel responsible for the selection of meals and/or snacks should have a basic knowledge of nutritional needs of children, and should consult with the pediatric or dietary staff of the medical department.

b. Food refrigeration or freezer equipment in child care centers shall be approved by the National Sanitation Foundation. Food prepraration and handling shall be in accordance with NAVMED P-5010-1, Foodservice Sanitation.

c. Single-service dishware and/or eating utensils should be used in child-care centers. Where multi-use cooking utensils and/or dishware are used, they shall be washed and sanitized in accordance with NAVMED P-5010-1, Foodservice Sanitation.

d. Formula and juices served in a baby bottle shall be prepared at home, identified for the appropriate child by the parents, and refrigerated until use. Baby food shall be refrigerated after opening. Only plastic baby bottles should be permitted. All infants not capable of holding their own bottles shall be held for feedings.

e. All directors and staff personnel who engage in foodservice operations shall complete a course of food service operations sanitation training in accordance with SECNAVINST 4061.1B. Training will be provided by cognizant Naval Regional Medical Center or Naval Hospital Preventive Medicine Services.

10. Child Abuse

a. Child care center staff personnel are encouraged to report any situation or condition where there is reasonable cause to suspect endangerment to the needs of a child.

b. In any case where child abuse may be suspected procedures as outlined in BUMEDISNT 6320.57 (Family Advocacy Program) shall be followed.

11. Pest control. Operations shall be in accordance with NAVMED P-5010-8.

12. First Aid Kit. It shall be located in the child care center and include materials for the emergency cleansing and protection of wounds, including an antiseptic, bandages, dressings, and tweezers. Emergency sized pharyngeal airways should also be included in the first aid kit.

OPERATIONAL GUIDELINES

1. Standard Operating Procedures. Local instructions or Standard Operating Procedures (SOPs) should be developed for each child care center and should govern the following areas: hours of operation; acceptance/registration procedures; fees and service charges (to include late fees); medical and health requirements; safety requirements; emergency procedures; rules of operation; and fire prevention and fire evacuation procedures. The SOPs should be coordinated with the appropriated base offices (e.g. health, fire, etc.). SOPs should be prominently posted for all employees and patrons.

2. Forms. Appropriate forms should be developed to regulate operational procedures. Such forms should include registration, payment receipt, accident reports and patron information cards. Forms should be properly controlled and accounted for.

3. Program. A creative developmental program should be established to occupy the child's time while in the child care center. In addition to individual and group activities, the program should be varied sufficiently to meet the needs of the various age groups. Program activities may include crafts, art projects (not restricted to coloring books); language arts activities such as drama, show and tell and story time; and large and small motor development activities for muscle coordination.

Appendix H

PROPOSED LOCATIONS AND AMOUNTS OF EXPENDITURES FOR APPROPRIATED MILITARY CONSTRUCTION (MILCON) OF CHILD CARE CENTERS, FISCAL YEARS 1982-86

Location	Amount ($Millions)
FY 1982	
Naval Station, Norfolk	2.1
Naval Air Station, Lemoore	1.2
Naval Station Keflavik	2.4
Naval Station, Adak	1.6
Naval Air Station, Brunswick	0.5
Naval Construction Battalion Command, Gulfport	0.7
Naval Submarine Base, Bangor	1.2
Naval Submarine Base, Kings Bay	0.9
FY 1983	
Naval Air Station, Alameda	0.9
Naval Station Charleston	1.2
Naval Construction Battalion Command Port Hueneme	0.8
Naval Support Activity, San Francisco	0.9
Naval Air Station, Whidbey Island	1.1
FY 1984	
Naval Weapons Station Charleston	0.7
Naval Air Station Chase Field	0.7
Naval Ship Yard, Norfolk VA	0.6
Naval Air Training Center Paux River	0.9
Naval Submarine Base, Pearl Harbor	0.5
Naval Air Facility, Sigonella	1.3
FY 1985	
Naval Air Station, Corpus Christi	0.5
Naval Air Station, Kingsville	0.2
Naval Station, Long Beach	0.9
Naval Station, Mayport	1.7
Naval Air Station, Moffett Field	1.3
Naval Air Station, Pensacola	1.4
FY 1986	
WPAC Guam	0.5
Naval Air Station, Jacksonville	0.8
Naval Air Statino, Meridian	0.2

*Funded in Trident program, not MWR.

FY 1986 (Continued)

Location	Amount ($Millions)
Naval Station, Miramar	2.1
Naval Support Activity New Orleans	0.4
Naval Training Center	0.4

*This information was effective as of June 1981 and is subject to change.

EXCERPT FROM MILITARY CONSTRUCTION APPROPRIATION BILL, 1982: CHILD-CARE CENTERS. REPORT TO ACCOMPANY H.R. 4241

Child-Care Facilities. The Committee recommends proceeding with the funding of child-care centers at military installations. The Department testified that it is the position of the Department of Defense that child care facilities be provided by the Federal Government with appropriated funds to meet essential military needs. The Committee feels that child care centers have become necessary element of life in the working community and the therefore should be available to members of the Armed Services.

Child-care centers exist widely throughout all of the Services, but are generally in make-shift buildings that are not up to the acceptable standards. The Committee feels that the construction of modern facilities for child care programs is a positive contribution to the quality of life in the military and, therefore, has funded 10 centers totalling $14,730,000 in the fiscal year 1982 program, as indicated in the following chart:

Child-Care Facilities

Installation:	Cost
Fort Hood, Tex	$2,200,000
Pirmasens, Germany	$1,800,000
NS Adak, Alaska	$1,650,000
NAS Lemoore, Calif	$1,200,000
NSSB Kings Bay, Ga	$ 940,000

NAS Brunswick, Maine	$ 520,000
NCBC Gulfport, Miss	$ 720,000
NA Norfolk, Va	$ 2,100,000
NSB Bangor, Wash	$ 1,200,000
NS Keflavik, Iceland	$ 2,400,000
TOTAL	$14,730,000

In order to assure that these centers do not conflict with other lcoal programs or with the projects within individual services provided through nonappropriated funds, the following requirements must be met prior to obligation of funds for the construction of child care facilites: (1) The Department must determine that nonappropriated funds are not available for the proposed facility, (2) the Department must determine that the proposed facility does not duplicate adequate programs already on base or in the local community, and (3) the cover the operation of the facility program. The Committee is to be notified once each of these requirements has been met.

Unlike barracks, maintenance facilities, and other traditional military construction projects, child care facilities can be built with public, private, or nonappropriated funding. The Committee wants to make clear that is this type of funding is available, it should be used.

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